



ACCIDENT AND HEALTH MARKETS GROSS ANNUAL PREMIUM ENROLLMENT REPORT SUMMARY

CY 2020

NOVEMBER 3, 2021

DAVID ALTMAIER
INSURANCE COMMISSIONER

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This information is compiled from data filed with OIR by each Accident and/or Health Coverage Provider.
It has not been audited or independently verified.

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
Statewide Data: Summary by Major Medical Lines of Business
Individual Markets

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|----------------------------|-----------------------------|-------------------------------|----------------------|
| <u>Guarantee Issue</u> | | | | | | | |
| ACA On Exchange | \$10,698,864,079 | \$8,191,567,157 | \$4,651,912,590 | 0 | 1,176,640 | 500,283 | 1,676,923 |
| ACA Off Exchange | \$1,114,074,761 | \$862,858,668 | \$217,130,757 | 0 | 94,541 | 49,886 | 144,427 |
| ACA Off Exchange Self-Employed or Sole Proprietor | \$4,863,552 | \$5,402,891 | \$53,119 | 313 | 325 | 284 | 609 |
| Grandfathered (In-State and Out-of-State) | \$808,697 | \$1,417,087 | \$0 | 0 | 260 | 41 | 301 |
| Transitional (In-State and Out-of-State) | \$476,295 | \$467,635 | \$0 | 0 | 25 | 1 | 26 |
| Subtotal | \$11,819,087,384 | \$9,061,713,438 | \$4,869,096,466 | 313 | 1,271,791 | 550,495 | 1,822,286 |
| <u>Individually Underwritten</u> | | | | | | | |
| Grandfathered (In-State and Out-of-State) | \$231,442,132 | \$157,741,096 | \$0 | 0 | 20,538 | 15,935 | 36,473 |
| Transitional (In-State and Out-of-State) | \$487,977,024 | \$413,439,265 | \$8,469,395 | 0 | 56,738 | 47,051 | 103,789 |
| Subtotal | \$719,419,156 | \$571,180,361 | \$8,469,395 | 0 | 77,276 | 62,986 | 140,262 |
| <u>Conversion</u> | | | | | | | |
| ACA Off Exchange | \$69,778 | \$1,224,548 | \$0 | 0 | 21 | 2 | 23 |
| Grandfathered (In-State and Out-of-State) | \$610,409 | \$1,159,780 | \$0 | 0 | 70 | 11 | 81 |
| Transitional (In-State and Out-of-State) | \$252,538 | \$406,069 | \$0 | 0 | 16 | 18 | 34 |
| Subtotal | \$932,725 | \$2,790,397 | \$0 | 0 | 107 | 31 | 138 |
| Total Individual | \$12,539,439,266 | \$9,635,684,195 | \$4,877,565,861 | 313 | 1,349,174 | 613,512 | 1,962,686 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment

Statewide Data: Summary by Major Medical Lines of Business

Group Markets

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-----------------------------------|---|----------------------------|-----------------------------|-------------------------------|----------------------|
| <u>Groups 50 or Less</u> | | | | | | | |
| ACA Off Exchange 2 - 50 Member Groups | \$2,097,882,066 | \$1,663,869,781 | \$280,307,322 | 48,857 | 211,847 | 114,565 | 326,412 |
| Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor | \$236,587 | \$730,118 | \$0 | 11 | 11 | 16 | 27 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups | \$136,313,918 | \$99,258,149 | \$0 | 2,294 | 11,560 | 7,233 | 18,793 |
| Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor | \$636,574 | \$1,930,051 | \$0 | 34 | 34 | 39 | 73 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups | \$621,639,742 | \$473,106,257 | \$591,190 | 10,477 | 54,746 | 36,190 | 90,936 |
| Subtotal | \$2,856,708,887 | \$2,238,894,356 | \$280,898,512 | 61,673 | 278,198 | 158,043 | 436,241 |
| <u>Groups 51-100</u> | | | | | | | |
| ACA Off Exchange 51-100 Member Groups | \$1,244,528,666 | \$1,008,992,754 | \$150,559,957 | 9,979 | 146,143 | 77,851 | 223,994 |
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$58,998,200 | \$28,260,779 | \$0 | 100 | 4,451 | 1,738 | 6,189 |
| Transitional (In-State and Out-of-State) 51-100 Member Groups | \$29,730,190 | \$23,308,317 | \$2,493,753 | 229 | 4,089 | 1,831 | 5,920 |
| Subtotal | \$1,333,257,056 | \$1,060,561,850 | \$153,053,710 | 10,308 | 154,683 | 81,420 | 236,103 |
| <u>Groups 100+</u> | | | | | | | |
| ACA Off Exchange 101+ Member Groups | \$5,064,151,643 | \$4,151,627,955 | \$344,222,102 | 12,582 | 512,899 | 336,934 | 849,833 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups | \$923,537,319 | \$847,046,784 | \$0 | 4,355 | 106,583 | 51,739 | 158,322 |
| Transitional (In-State and Out-of-State) 101+ Member Groups | \$813,942,776 | \$681,054,605 | \$77,025,324 | 3,908 | 97,352 | 67,037 | 164,389 |
| Subtotal | \$6,801,631,738 | \$5,679,729,344 | \$421,247,426 | 20,845 | 716,834 | 455,710 | 1,172,544 |
| Total | \$10,991,597,681 | \$8,979,185,549 | \$855,199,648 | 92,826 | 1,149,715 | 695,173 | 1,844,888 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment

Statewide Data: Summary by Other Accident and Health Business

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|----------------------------|-----------------------------|-------------------------------|--------------------------|
| Administrative Services Only | \$567,785,034 | \$0 | \$1,759,289 | 8,166 | 1,603,962 | 1,346,621 | 2,950,583 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness | \$518,968,650 | \$244,305,264 | \$88,837,782 | 963,238 | 12,461,948 | 2,710,834 | 15,172,782 |
| Dental | \$1,860,770,502 | \$1,286,664,989 | \$163,132,285 | 85,808 | 6,044,045 | 2,759,782 | 8,803,827 |
| Prescription Drug | \$492,079,018 | \$400,811,646 | \$27,978,778 | 4,044 | 621,431 | 1,505 | 622,936 |
| Vision | \$292,046,492 | \$182,682,004 | \$38,639,122 | 42,230 | 2,577,392 | 2,541,100 | 5,118,492 |
| Disability Income | \$1,526,908,056 | \$1,385,438,108 | \$184,504,756 | 55,049 | 3,894,470 | 4,735 | 3,899,205 |
| Excess/Stop Loss | \$1,191,274,392 | \$897,124,035 | \$144,376,666 | 21,539 | 1,633,028 | 1,124,613 | 2,757,641 |
| Limited Benefit | \$873,718,713 | \$402,322,652 | \$231,365,152 | 45,755 | 2,412,578 | 1,062,663 | 3,475,241 |
| Long Term Care-Comprehensive | \$673,225,250 | \$902,565,170 | \$6,203,372 | 4,423 | 334,412 | 14,989 | 349,401 |
| Long Term Care-Facility Only | \$28,933,376 | \$47,541,814 | \$1,342,473 | 67 | 19,333 | 2,909 | 22,242 |
| Long Term Care-Non-Facility Only | \$11,158,126 | \$35,700,981 | \$0 | 0 | 7,470 | 793 | 8,263 |
| Long Term Care-Accelerated Benefit Rider | \$14,702,775 | \$2,313,950 | \$1,880,157 | 275 | 62,092 | 481 | 62,573 |
| Short Term Care | \$132,568,106 | \$62,909,647 | \$127,833,974 | 32,011 | 36,875 | 27,234 | 64,109 |
| Medicare Supplement | \$2,345,111,565 | \$1,758,991,262 | \$79,504,883 | 735 | 928,739 | 1,908 | 930,647 |
| Medicare Advantage | \$30,858,176,974 | \$25,435,394,552 | \$4,501,190,539 | 174,941 | 1,906,046 | 2,152 | 1,908,198 |
| Other | \$198,842,544 | \$296,308,636 | \$86,870,648 | 17,180 | 874,078 | 62,866 | 936,944 |
| Misc. | \$21,166,818,203 | \$18,132,965,863 | \$717,630,436 | 13 | 4,151,196 | 200,482 | 4,351,678 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
Major Medical Market Share and Rankings

| <i>Rank</i> | <i>Company Name</i> | <i>NAIC Company Code</i> | <i>Direct Premiums Earned</i> | <i>Covered Lives</i> | <i>Market Share (By Premium)</i> |
|-------------|---|----------------------------------|-----------------------------------|----------------------|--------------------------------------|
| 1 | BLUE CROSS & BLUE SHIELD OF FLORIDA, INC. | 98167 | \$7,845,044,009 | 1,002,269 | 33.34% |
| 2 | HEALTH OPTIONS, INC. | 95089 | \$5,157,257,425 | 758,116 | 21.92% |
| 3 | CELTIC INSURANCE COMPANY | 80799 | \$1,652,813,528 | 517,089 | 7.02% |
| 4 | UNITEDHEALTHCARE INSURANCE COMPANY | 79413 | \$1,561,463,795 | 272,580 | 6.64% |
| 5 | CIGNA HEALTH AND LIFE INSURANCE COMPANY | 67369 | \$1,117,944,082 | 197,806 | 4.75% |
| 6 | NEIGHBORHOOD HEALTH PARTNERSHIP, INC. | 95123 | \$823,333,714 | 154,530 | 3.50% |
| 7 | HUMANA MEDICAL PLAN, INC. | 95270 | \$804,705,202 | 130,394 | 3.42% |
| 8 | AETNA LIFE INSURANCE COMPANY | 60054 | \$636,643,091 | 115,864 | 2.71% |
| 9 | CAPITAL HEALTH PLAN, INC. | 95112 | \$609,931,116 | 105,308 | 2.59% |
| 10 | UNITEDHEALTHCARE OF FLORIDA, INC. | 95264 | \$550,177,849 | 72,959 | 2.34% |
| 11 | FLORIDA HEALTH CARE PLAN, INC. | 13567 | \$466,616,000 | 66,662 | 1.98% |
| 12 | AETNA HEALTH INC. | 95088 | \$464,747,381 | 53,044 | 1.98% |
| 13 | OSCAR INSURANCE COMPANY OF FLORIDA | 16374 | \$442,174,944 | 115,171 | 1.88% |
| 14 | AVMED, INC. | 95263 | \$270,475,965 | 44,285 | 1.15% |
| 15 | HEALTH FIRST COMMERCIAL PLANS, INC. | 16272 | \$255,594,490 | 37,708 | 1.09% |
| 16 | MOLINA HEALTHCARE OF FLORIDA, INC. | 13128 | \$177,400,865 | 27,103 | 0.75% |
| 17 | HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY | 70670 | \$163,129,659 | 30,724 | 0.69% |
| 18 | BRIGHT HEALTH INSURANCE COMPANY OF FLORIDA | 16501 | \$139,965,342 | 30,131 | 0.59% |
| 19 | GOLDEN RULE INSURANCE COMPANY | 62286 | \$138,086,836 | 26,752 | 0.59% |
| 20 | CONNECTICUT GENERAL LIFE INSURANCE COMPANY | 62308 | \$106,806,721 | 17,614 | 0.45% |
| 21 | QCC INSURANCE COMPANY | 93688 | \$33,392,789 | 5,079 | 0.14% |
| 22 | METROPOLITAN LIFE INSURANCE COMPANY | 65978 | \$28,419,741 | 2,097 | 0.12% |
| 23 | AETNA BETTER HEALTH OF FLORIDA INC. | 95114 | \$23,471,584 | 0 | 0.10% |
| 24 | HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. | 69671 | \$15,462,691 | 1,752 | 0.07% |
| 25 | STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY | 25178 | \$12,763,709 | 1,923 | 0.05% |
| 26 | ASPEN AMERICAN INSURANCE COMPANY | 43460 | \$12,274,354 | 9,927 | 0.05% |
| 27 | 4 EVER LIFE INSURANCE COMPANY | 80985 | \$8,233,845 | 1,895 | 0.03% |
| 28 | FREEDOM LIFE INSURANCE COMPANY OF AMERICA | 62324 | \$2,853,748 | 124 | 0.01% |
| 29 | CIGNA HEALTHCARE OF FLORIDA, INC. | 95136 | \$2,298,792 | 412 | 0.01% |
| 30 | UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK | 70106 | \$1,885,427 | 5,225 | 0.01% |
| 31 | EQUITABLE FINANCIAL LIFE INSURANCE COMPANY | 62944 | \$1,446,718 | 398 | 0.01% |
| 32 | ALL SAVERS INSURANCE COMPANY | 82406 | \$1,012,099 | 108 | 0.00% |
| 33 | UNITED AMERICAN INSURANCE COMPANY | 92916 | \$866,164 | 907 | 0.00% |
| 34 | BEHEALTHY FLORIDA, INC. | 15118 | \$602,971 | 385 | 0.00% |
| 35 | THRIVENT FINANCIAL FOR LUTHERANS | 56014 | \$441,179 | 6 | 0.00% |
| 36 | TRUSTMARK INSURANCE COMPANY | 61425 | \$247,072 | 28 | 0.00% |

| | | | | |
|--|-------|-----------|-----|-------|
| 37 AMERICAN NATIONAL LIFE INS. CO. OF TEXAS | 71773 | \$187,189 | 12 | 0.00% |
| 38 PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE) | 68241 | \$184,095 | 268 | 0.00% |
| 39 DELAWARE AMERICAN LIFE INSURANCE COMPANY | 62634 | \$121,710 | 20 | 0.00% |
| 40 AMERICAN NATIONAL INSURANCE COMPANY | 60739 | \$103,789 | 28 | 0.00% |
| 41 AMERICAN GENERAL LIFE INSURANCE COMPANY | 60488 | \$69,132 | 340 | 0.00% |
| 42 RESERVE NATIONAL INSURANCE COMPANY | 68462 | \$46,205 | 19 | 0.00% |
| 43 PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY | 67784 | \$43,371 | 50 | 0.00% |
| 44 BCS INSURANCE COMPANY | 38245 | \$34,348 | 1 | 0.00% |
| 45 MUTUAL OF OMAHA INSURANCE COMPANY | 71412 | \$33,459 | 85 | 0.00% |
| 46 NEW ERA LIFE INSURANCE COMPANY | 78743 | \$29,893 | 25 | 0.00% |
| 47 GLOBE LIFE AND ACCIDENT INSURANCE COMPANY | 91472 | \$25,640 | 13 | 0.00% |
| 48 WASHINGTON NATIONAL INSURANCE COMPANY | 70319 | \$23,867 | 3 | 0.00% |
| 49 AMERICAN REPUBLIC INSURANCE COMPANY | 60836 | \$20,194 | 4 | 0.00% |
| 50 NEW YORK LIFE INSURANCE COMPANY | 66915 | \$19,253 | 10 | 0.00% |
| 51 CONTINENTAL GENERAL INSURANCE COMPANY | 71404 | \$17,625 | 40 | 0.00% |
| 52 TRANSAMERICA LIFE INSURANCE COMPANY | 86231 | \$15,520 | 54 | 0.00% |
| 53 GUARDIAN LIFE INSURANCE COMPANY OF AMERICA | 64246 | \$15,262 | 20 | 0.00% |
| 54 UNITED OF OMAHA LIFE INSURANCE COMPANY | 69868 | \$14,684 | 2 | 0.00% |
| 55 MONY LIFE INSURANCE COMPANY | 66370 | \$12,047 | 14 | 0.00% |
| 56 NATIONAL BENEFIT LIFE INSURANCE COMPANY | 61409 | \$8,040 | 24 | 0.00% |
| 57 UNIFIED LIFE INSURANCE COMPANY | 11121 | \$5,205 | 15 | 0.00% |
| 58 WILCAC LIFE INSURANCE COMPANY | 62413 | \$4,489 | 4 | 0.00% |
| 59 CENTRE LIFE INSURANCE COMPANY | 80896 | \$3,492 | 31 | 0.00% |
| 60 STANDARD LIFE AND ACCIDENT INSURANCE COMPANY | 86355 | \$3,049 | 4 | 0.00% |
| 61 THE CINCINNATI LIFE INSURANCE COMPANY | 76236 | \$3,024 | 4 | 0.00% |
| 62 UNION FIDELITY LIFE INSURANCE COMPANY | 62596 | \$2,418 | 3 | 0.00% |
| 63 LOYAL AMERICAN LIFE INSURANCE COMPANY | 65722 | \$1,948 | 64 | 0.00% |
| 64 WILTON REASSURANCE LIFE COMPANY OF NEW YORK | 60704 | \$1,901 | 4 | 0.00% |
| 65 STATE LIFE INSURANCE COMPANY | 69116 | \$1,627 | 2 | 0.00% |
| 66 PRINCIPAL LIFE INSURANCE COMPANY | 61271 | \$1,579 | 1 | 0.00% |
| 67 KANSAS CITY LIFE INSURANCE COMPANY | 65129 | \$1,286 | 1 | 0.00% |
| 68 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY | 70688 | \$930 | 1 | 0.00% |
| 69 PRIMERICA LIFE INSURANCE COMPANY | 65919 | \$360 | 1 | 0.00% |
| 70 CONTINENTAL CASUALTY COMPANY | 20443 | \$358 | 2 | 0.00% |
| 71 PAN-AMERICAN LIFE INSURANCE COMPANY | 67539 | \$325 | 1 | 0.00% |
| 72 STATE AUTOMOBILE MUTUAL INSURANCE COMPANY | 25135 | \$249 | 1 | 0.00% |
| 73 MANHATTANLIFE ASSURANCE COMPANY OF AMERICA | 61883 | \$223 | 2 | 0.00% |
| 74 ASSURITY LIFE INSURANCE COMPANY | 71439 | \$205 | 1 | 0.00% |
| 75 OHIO STATE LIFE INSURANCE COMPANY (THE) | 67180 | \$62 | 1 | 0.00% |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| 20/20 EYECARE PLAN, INC NAIC Company Code | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Vision | \$150,343 | \$49,302 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$150,343 | \$49,302 | \$0 | 0 | 0 | 0 | 0 |

| 21ST CENTURY CENTENNIAL INSURANCE COMPANY NAIC Company Code 34789 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$31 | \$-38 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$228 | \$79 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$259 | \$41 | \$0 | 0 | 2 | 0 | 2 |

| 21ST CENTURY PREMIER INSURANCE COMPANY NAIC Company Code 20796 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$413 | \$61 | \$0 | 0 | 6 | 0 | 6 |
| Limited Benefit | \$1,246 | \$255 | \$0 | 0 | 2 | 0 | 2 |
| Medicare Supplement | \$3,347 | \$354 | \$0 | 0 | 4 | 0 | 4 |
| TOTAL | \$5,006 | \$670 | \$0 | 0 | 12 | 0 | 12 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business***

| 4 EVER LIFE INSURANCE COMPANY NAIC Company Code 80985 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$6,629,509 | \$2,825,971 | \$0 | 129 | 904 | 216 | 1,120 |
| ACA Off Exchange 51-100 Member Groups | \$1,604,336 | \$714,490 | \$0 | 65 | 594 | 181 | 775 |
| Disability Income | \$130,261 | \$21,146 | \$0 | 50 | 828 | 0 | 828 |
| Other | \$321,199 | \$-935 | \$0 | 31 | 31 | 0 | 31 |
| TOTAL | \$8,685,305 | \$3,560,672 | \$0 | 275 | 2,357 | 397 | 2,754 |

| 5 STAR LIFE INSURANCE COMPANY NAIC Company Code 77879 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$2,320 | \$0 | \$663 | 13 | 61 | 3 | 64 |
| TOTAL | \$2,320 | \$0 | \$663 | 13 | 61 | 3 | 64 |

| AAA LIFE INSURANCE COMPANY NAIC Company Code 71854 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$8,800,800 | \$4,120,938 | \$916,335 | 2 | 44,332 | 35,336 | 79,668 |
| Limited Benefit | \$88,246 | \$17,042 | \$16,279 | 0 | 435 | 0 | 435 |
| TOTAL | \$8,889,046 | \$4,137,980 | \$932,614 | 2 | 44,767 | 35,336 | 80,103 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| ACCENDO INSURANCE COMPANY NAIC Company Code 63444 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$175,960 | \$75,542 | \$175,960 | 0 | 366 | 0 | 366 |
| TOTAL | \$175,960 | \$75,542 | \$175,960 | 0 | 366 | 0 | 366 |

| ACE AMERICAN INSURANCE COMPANY NAIC Company Code 22667 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$5,287,273 | \$2,453,977 | \$735,772 | 635 | 146,145 | 65,765 | 211,910 |
| Dental | \$21,442 | \$0 | \$0 | 3 | 35 | 53 | 88 |
| Vision | \$1,610 | \$469 | \$0 | 2 | 20 | 31 | 51 |
| Excess/Stop Loss | \$406,866 | \$705,496 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$2,131,117 | \$707,512 | \$0 | 13 | 1,204 | 541 | 1,745 |
| Other | \$22,940 | \$15,204 | \$948 | 19 | 338 | 0 | 338 |
| TOTAL | \$7,871,248 | \$3,882,658 | \$736,720 | 672 | 147,742 | 66,390 | 214,132 |

| ADVANTICA INSURANCE COMPANY NAIC Company Code 12278 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$-2,059 | \$-1,669 | \$0 | 0 | 0 | 0 | 0 |
| Vision | \$630,974 | \$220,287 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$628,915 | \$218,618 | \$0 | 0 | 0 | 0 | 0 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| AEGIS SECURITY INSURANCE COMPANY NAIC Company Code 33898 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$209,111 | \$156,479 | \$209,111 | 435 | 57,572 | 0 | 57,572 |
| TOTAL | \$209,111 | \$156,479 | \$209,111 | 435 | 57,572 | 0 | 57,572 |

| AETNA BETTER HEALTH OF FLORIDA INC. NAIC Company Code 95114 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$23,471,584 | \$-13,195,817 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor (FS 627.6699) | \$0 | \$1,354,051 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$0 | \$338,033 | \$0 | 0 | 0 | 0 | 0 |
| Medicare Advantage (Medicare+Choice) | \$0 | \$-3,525,332 | \$0 | 0 | 0 | 0 | 0 |
| Misc. | \$719,830,358 | \$618,420,031 | \$0 | 0 | 214,190 | 0 | 214,190 |
| TOTAL | \$743,301,942 | \$603,390,966 | \$0 | 0 | 214,190 | 0 | 214,190 |

| AETNA HEALTH AND LIFE INSURANCE COMPANY NAIC Company Code 78700 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$6,885,864 | \$5,425,267 | \$94,391 | 1 | 3,537 | 0 | 3,537 |
| TOTAL | \$6,885,864 | \$5,425,267 | \$94,391 | 1 | 3,537 | 0 | 3,537 |

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| AETNA HEALTH INC. NAIC Company Code 95088 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Self-Employed or Sole Proprietor (FS 627.6699) | \$1,970,756 | \$2,616,546 | \$0 | 113 | 118 | 91 | 209 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$23,454,691 | \$17,605,168 | \$51,013 | 437 | 1,478 | 708 | 2,186 |
| ACA Off Exchange 51-100 Member Groups | \$15,576,888 | \$12,795,032 | \$0 | 7 | 1,099 | 745 | 1,844 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$405,042,378 | \$332,706,397 | \$0 | 186 | 28,352 | 19,216 | 47,568 |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$11,513,565 | \$804,346 | \$0 | 0 | 0 | 0 | 0 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$7,189,103 | \$5,905,211 | \$0 | 3 | 737 | 500 | 1,237 |
| Medicare Advantage (Medicare+Choice) | \$869,428,509 | \$626,826,332 | \$121,719,991 | 50,308 | 50,308 | 0 | 50,308 |
| TOTAL | \$1,334,175,890 | \$999,259,032 | \$121,771,004 | 51,054 | 82,092 | 21,260 | 103,352 |

| AETNA LIFE INSURANCE COMPANY NAIC Company Code 60054 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Self-Employed or Sole Proprietor (FS 627.6699) | \$1,636,442 | \$1,438,276 | \$13,430 | 127 | 127 | 110 | 237 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$3,998,930 | \$4,232,080 | \$124,279 | 84 | 275 | 110 | 385 |
| ACA Off Exchange 51-100 Member Groups | \$38,527,526 | \$38,022,092 | \$7,870,751 | 314 | 6,773 | 3,207 | 9,980 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$592,480,193 | \$507,930,375 | \$123,006,701 | 2,039 | 63,309 | 41,953 | 105,262 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$545,102 | \$170,294 | \$0 | 11 | 159 | 0 | 159 |

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| AETNA LIFE INSURANCE COMPANY NAIC Company Code 60054 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$77,616,176 | \$51,650,298 | \$0 | 2,792 | 164,606 | 130,849 | 295,455 |
| Vision | \$12,199,290 | \$7,493,054 | \$0 | 927 | 149,226 | 135,191 | 284,417 |
| Disability Income | \$8,200,930 | \$4,193,760 | \$0 | 17 | 0 | 0 | 0 |
| Excess/Stop Loss | \$133,122,298 | \$104,554,915 | \$0 | 2,897 | 103,388 | 82,133 | 185,521 |
| Long Term Care-Comprehensive | \$2,841,583 | \$11,054,114 | \$0 | 0 | 1,582 | 933 | 2,515 |
| Medicare Supplement | \$4,616,915 | \$3,319,870 | \$0 | 1 | 1,376 | 0 | 1,376 |
| Medicare Advantage (Medicare+Choice) | \$1,662,659,639 | \$1,317,985,309 | \$0 | 80,862 | 80,862 | 0 | 80,862 |
| Other | \$19,736,523 | \$23,426,640 | \$0 | 40 | 8,644 | 194 | 8,838 |
| Misc. | \$50,934,700 | \$34,734,010 | \$0 | 5 | 2,565 | 2,236 | 4,801 |
| TOTAL | \$2,609,116,247 | \$2,110,205,087 | \$131,015,161 | 90,116 | 582,892 | 396,916 | 979,808 |

| AHF MCO OF FLORIDA, INC. NAIC Company Code 12973 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$98,091,101 | \$94,351,619 | \$0 | 0 | 1,517 | 0 | 1,517 |
| Misc. | \$-251,905 | \$535,883 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$97,839,196 | \$94,887,502 | \$0 | 0 | 1,517 | 0 | 1,517 |

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| ALL SAVERS INSURANCE COMPANY NAIC Company Code 82406 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$1,012,099 | \$434,756 | \$0 | 22 | 79 | 29 | 108 |
| Excess/Stop Loss | \$76,755,258 | \$71,028,416 | \$48,406,633 | 1,738 | 29,394 | 16,620 | 46,014 |
| TOTAL | \$77,767,357 | \$71,463,172 | \$48,406,633 | 1,760 | 29,473 | 16,649 | 46,122 |

| ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA NAIC Company Code 90611 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$128 | \$1,835 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$46 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$8,270 | \$3,315 | \$0 | 3 | 50 | 0 | 50 |
| Long Term Care-Comprehensive | \$10,172,373 | \$11,553,119 | \$0 | 3 | 6,537 | 0 | 6,537 |
| Medicare Supplement | \$1,927 | \$1,197 | \$0 | 3 | 3 | 0 | 3 |
| TOTAL | \$10,182,744 | \$11,559,466 | \$0 | 9 | 6,590 | 0 | 6,590 |

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| ALLSTATE LIFE INSURANCE COMPANY NAIC Company Code 60186 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,535,650 | \$1,283,827 | \$0 | 0 | 15,014 | 0 | 15,014 |
| Disability Income | \$178 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$60,585 | \$10,073 | \$0 | 0 | 230 | 0 | 230 |
| Long Term Care-Comprehensive | \$128,667 | \$253,515 | \$0 | 0 | 87 | 0 | 87 |
| TOTAL | \$1,725,080 | \$1,547,415 | \$0 | 0 | 15,331 | 0 | 15,331 |

| AMALGAMATED LIFE INSURANCE COMPANY NAIC Company Code 60216 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$38,528 | \$0 | \$12,876 | 0 | 158 | 0 | 158 |
| Disability Income | \$124,289 | \$48,340 | \$74,922 | 0 | 131 | 0 | 131 |
| Excess/Stop Loss | \$1,106,358 | \$1,634,070 | \$58,263 | 2 | 1,175 | 0 | 1,175 |
| Limited Benefit | \$33,434 | \$0 | \$31,618 | 0 | 91 | 0 | 91 |
| TOTAL | \$1,302,609 | \$1,682,410 | \$177,679 | 2 | 1,555 | 0 | 1,555 |

| AMERICAN ALTERNATIVE INSURANCE CORPORATION NAIC Company Code 19720 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$0 | \$-973,224 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$-973,224 | \$0 | 0 | 0 | 0 | 0 |

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| AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA NAIC Company Code 10111 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$-20,450 | \$1,116 | \$0 | 1 | 31 | 0 | 31 |
| Disability Income | \$415 | \$-23 | \$0 | 1 | 3 | 0 | 3 |
| TOTAL | \$-20,035 | \$1,093 | \$0 | 2 | 34 | 0 | 34 |

| AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA NAIC Company Code 60275 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$49,969 | \$1,047 | \$0 | 1 | 5,596 | 225 | 5,821 |
| Disability Income | \$7,170 | \$-512 | \$0 | 1 | 17 | 0 | 17 |
| TOTAL | \$57,139 | \$535 | \$0 | 2 | 5,613 | 225 | 5,838 |

| AMERICAN BENEFIT LIFE INSURANCE COMPANY NAIC Company Code 66001 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$78 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$78 | \$0 | \$0 | 0 | 0 | 0 | 0 |

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| AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA NAIC Company Code 20427 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$110 | \$0 | \$0 | 0 | 4 | 0 | 4 |
| Limited Benefit | \$147 | \$7 | \$0 | 0 | 12 | 0 | 12 |
| TOTAL | \$257 | \$7 | \$0 | 0 | 16 | 0 | 16 |

| AMERICAN CONTINENTAL INSURANCE COMPANY NAIC Company Code 12321 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$4,020,490 | \$3,882,725 | \$2,465 | 0 | 1,615 | 0 | 1,615 |
| TOTAL | \$4,020,490 | \$3,882,725 | \$2,465 | 0 | 1,615 | 0 | 1,615 |

| AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS NAIC Company Code 60380 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$77,465,901 | \$29,479,506 | \$12,868,251 | 0 | 207,354 | 203,804 | 411,158 |
| Dental | \$9,576,562 | \$3,728,633 | \$2,115,730 | 0 | 18,440 | 11,494 | 29,934 |
| Vision | \$2,492,764 | \$602,708 | \$596,476 | 0 | 11,799 | 8,258 | 20,057 |
| Disability Income | \$64,851,854 | \$34,489,627 | \$13,757,104 | 0 | 110,667 | 0 | 110,667 |
| Limited Benefit | \$168,237,225 | \$82,502,803 | \$21,298,761 | 0 | 327,451 | 302,088 | 629,539 |
| Long Term Care-Comprehensive | \$1,410,629 | \$1,520,054 | \$0 | 0 | 1,077 | 130 | 1,207 |

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| AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS NAIC Company Code 60380 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$996,516 | \$1,215,037 | \$0 | 0 | 385 | 0 | 385 |
| TOTAL | \$325,031,451 | \$153,538,368 | \$50,636,322 | 0 | 677,173 | 525,774 | 1,202,947 |

| AMERICAN FIDELITY ASSURANCE COMPANY NAIC Company Code 60410 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,386,689 | \$1,663,627 | \$478,057 | 4 | 6,945 | 6,469 | 13,414 |
| Dental | \$0 | \$-35 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$7,603,353 | \$4,100,363 | \$1,064,852 | 46 | 11,253 | 211 | 11,464 |
| Excess/Stop Loss | \$1,007,657 | \$464,825 | \$88,128 | 3 | 1,840 | 658 | 2,498 |
| Limited Benefit | \$6,393,285 | \$3,262,316 | \$861,683 | 31 | 14,540 | 8,582 | 23,122 |
| Long Term Care-Comprehensive | \$343,834 | \$517,405 | \$139,092 | 0 | 194 | 55 | 249 |
| TOTAL | \$17,734,818 | \$10,008,501 | \$2,631,812 | 84 | 34,772 | 15,975 | 50,747 |

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| AMERICAN GENERAL LIFE INSURANCE COMPANY | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| NAIC Company Code 60488 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$69,132 | \$31,781 | \$0 | 0 | 230 | 110 | 340 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,065,978 | \$693,711 | \$0 | 10 | 21,482 | 3,455 | 24,937 |
| Disability Income | \$434,048 | \$1,007,208 | \$0 | 7 | 907 | 39 | 946 |
| Limited Benefit | \$2,113,330 | \$1,579,668 | \$0 | 81 | 11,382 | 3,407 | 14,789 |
| Long Term Care-Comprehensive | \$697,536 | \$1,334,578 | \$0 | 1 | 224 | 0 | 224 |
| Medicare Supplement | \$82,663 | \$86,655 | \$0 | 0 | 41 | 0 | 41 |
| TOTAL | \$5,462,687 | \$4,733,601 | \$0 | 99 | 34,266 | 7,011 | 41,277 |

| AMERICAN HEALTH AND LIFE INSURANCE COMPANY | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| NAIC Company Code 60518 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$407,909 | \$277,141 | \$0 | 3 | 2,867 | 2,028 | 4,895 |
| Limited Benefit | \$6,038 | \$231 | \$0 | 1 | 18 | 3 | 21 |
| Long Term Care-Comprehensive | \$3,732 | \$53,160 | \$0 | 1 | 4 | 0 | 4 |
| TOTAL | \$417,679 | \$330,532 | \$0 | 5 | 2,889 | 2,031 | 4,920 |

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| AMERICAN HERITAGE LIFE INSURANCE COMPANY NAIC Company Code 60534 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$35,275,881 | \$20,743,477 | \$7,039,724 | 1,528 | 146,033 | 144,704 | 290,737 |
| Dental | \$-113,293 | \$1,819 | \$-82,444 | 0 | 0 | 0 | 0 |
| Disability Income | \$15,860,073 | \$3,926,216 | \$923,765 | 372 | 12,374 | 0 | 12,374 |
| Limited Benefit | \$56,937,423 | \$41,780,925 | \$11,412,270 | 1,835 | 226,364 | 214,420 | 440,784 |
| Long Term Care-Comprehensive | \$185,032 | \$882,005 | \$0 | 0 | 144 | 0 | 144 |
| TOTAL | \$108,145,115 | \$67,334,442 | \$19,293,315 | 3,735 | 384,915 | 359,124 | 744,039 |

| AMERICAN HOME ASSURANCE COMPANY NAIC Company Code 19380 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$43,642 | \$-876 | \$0 | 0 | 68 | 0 | 68 |
| TOTAL | \$43,642 | \$-876 | \$0 | 0 | 68 | 0 | 68 |

| AMERICAN HOME LIFE INSURANCE COMPANY (THE) NAIC Company Code 60542 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$56 | \$0 | \$56 | 0 | 0 | 0 | 0 |
| TOTAL | \$56 | \$0 | \$56 | 0 | 0 | 0 | 0 |

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AMERICAN INCOME LIFE INSURANCE COMPANY
NAIC Company Code 60577

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$5,027,136 | \$2,441,217 | \$1,947,107 | 207 | 51,787 | 333,605 | 385,392 |
| Disability Income | \$716 | \$-27 | \$0 | 0 | 2 | 0 | 2 |
| Limited Benefit | \$2,192,820 | \$785,151 | \$694,385 | 0 | 22,978 | 32,437 | 55,415 |
| Medicare Supplement | \$15,551 | \$8,824 | \$0 | 0 | 7 | 0 | 7 |
| TOTAL | \$7,236,223 | \$3,235,165 | \$2,641,492 | 207 | 74,774 | 366,042 | 440,816 |

AMERICAN MODERN HOME INSURANCE COMPANY
NAIC Company Code 23469

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Other | \$0 | \$-5,063 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$-5,063 | \$0 | 0 | 0 | 0 | 0 |

AMERICAN NATIONAL INSURANCE COMPANY
NAIC Company Code 60739

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$103,789 | \$62,829 | \$0 | 0 | 21 | 7 | 28 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,649 | \$23 | \$0 | 0 | 78 | 4 | 82 |
| Disability Income | \$6,042 | \$42,579 | \$0 | 0 | 9 | 0 | 9 |
| Limited Benefit | \$39,898 | \$51,424 | \$0 | 0 | 122 | 37 | 159 |

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| AMERICAN NATIONAL INSURANCE COMPANY NAIC Company Code 60739 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$345 | \$1,701 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$153,723 | \$158,556 | \$0 | 0 | 230 | 48 | 278 |

| AMERICAN NATIONAL LIFE INS. CO. OF TEXAS NAIC Company Code 71773 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$86,740 | \$28,496 | \$0 | 0 | 7 | 0 | 7 |
| Grandfathered (In-State and Out-of-State) Conversion | \$100,449 | \$274,629 | \$0 | 0 | 5 | 0 | 5 |
| Dental | \$2,718 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Medicare Supplement | \$127,131 | \$124,966 | \$1,202 | 0 | 46 | 0 | 46 |
| TOTAL | \$317,038 | \$428,091 | \$1,202 | 0 | 59 | 0 | 59 |

| AMERICAN PUBLIC LIFE INSURANCE COMPANY NAIC Company Code 60801 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$137,080 | \$77,134 | \$58,622 | 2 | 338 | 472 | 810 |
| Dental | \$128,255 | \$49,195 | \$60,512 | 2 | 8 | 15 | 23 |
| Disability Income | \$169,767 | \$42,648 | \$79,800 | 2 | 158 | 173 | 331 |
| Limited Benefit | \$39,944,983 | \$19,467,145 | \$18,181,794 | 762 | 40,925 | 63,312 | 104,237 |
| TOTAL | \$40,380,085 | \$19,636,122 | \$18,380,728 | 768 | 41,429 | 63,972 | 105,401 |

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List of Companies and all Health Business***

| AMERICAN REPUBLIC INSURANCE COMPANY NAIC Company Code 60836 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$20,194 | \$17,296 | \$0 | 0 | 4 | 0 | 4 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$32 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| Dental | \$23,037 | \$11,832 | \$0 | 0 | 26 | 0 | 26 |
| Limited Benefit | \$31,989 | \$5,334 | \$0 | 0 | 129 | 23 | 152 |
| Long Term Care-Comprehensive | \$31,997 | \$109,792 | \$0 | 1 | 22 | 0 | 22 |
| Medicare Supplement | \$912,179 | \$835,694 | \$0 | 1 | 224 | 3 | 227 |
| TOTAL | \$1,019,426 | \$979,948 | \$0 | 2 | 408 | 26 | 434 |

| AMERICAN RETIREMENT LIFE INSURANCE COMPANY NAIC Company Code 88366 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$16,300,036 | \$10,730,004 | \$949,385 | 0 | 5,745 | 0 | 5,745 |
| TOTAL | \$16,300,036 | \$10,730,004 | \$949,385 | 0 | 5,745 | 0 | 5,745 |

| AMERICAN STATES INSURANCE COMPANY NAIC Company Code 19704 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$18,167 | \$-20,797 | \$0 | 0 | 10 | 0 | 10 |
| TOTAL | \$18,167 | \$-20,797 | \$0 | 0 | 10 | 0 | 10 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| AMERICAN UNITED LIFE INSURANCE COMPANY NAIC Company Code 60895 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$72,554 | \$137,143 | \$6,372 | 76 | 4,086 | 1,050 | 5,136 |
| Disability Income | \$1,832,779 | \$1,287,890 | \$191,494 | 70 | 4,808 | 0 | 4,808 |
| TOTAL | \$1,905,333 | \$1,425,033 | \$197,866 | 146 | 8,894 | 1,050 | 9,944 |

| AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY NAIC Company Code 61999 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$63,971 | \$180,000 | \$0 | 0 | 28 | 0 | 28 |
| Medicare Supplement | \$268,639 | \$181,816 | \$1,065 | 0 | 125 | 0 | 125 |
| TOTAL | \$332,610 | \$361,816 | \$1,065 | 0 | 153 | 0 | 153 |

| AMERIHEALTH CARITAS FLORIDA, INC. NAIC Company Code 14378 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Misc. | \$322,321,763 | \$263,378,867 | \$0 | 0 | 95,720 | 0 | 95,720 |
| TOTAL | \$322,321,763 | \$263,378,867 | \$0 | 0 | 95,720 | 0 | 95,720 |

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| AMERITAS LIFE INSURANCE CORP. NAIC Company Code 61301 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$48,572,440 | \$31,055,017 | \$7,017,126 | 780 | 67,797 | 101,696 | 169,493 |
| Vision | \$3,373,480 | \$2,200,775 | \$1,055,559 | 426 | 30,386 | 45,579 | 75,965 |
| Disability Income | \$4,728,836 | \$6,230,239 | \$457,146 | 0 | 1,552 | 0 | 1,552 |
| TOTAL | \$56,674,756 | \$39,486,031 | \$8,529,831 | 1,206 | 99,735 | 147,275 | 247,010 |

| AMEX ASSURANCE COMPANY NAIC Company Code 27928 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,107,215 | \$683,248 | \$2,099,822 | 0 | 235,503 | 1,354 | 236,857 |
| Other | \$1,357,733 | \$24,172 | \$1,362,500 | 0 | 6,426 | 5,417 | 11,843 |
| TOTAL | \$3,464,948 | \$707,420 | \$3,462,322 | 0 | 241,929 | 6,771 | 248,700 |

| AMFIRST INSURANCE COMPANY NAIC Company Code 60250 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$20,457 | \$4,082 | \$0 | 4 | 25 | 12 | 37 |
| Limited Benefit | \$264,530 | \$42,497 | \$215,251 | 47 | 822 | 421 | 1,243 |
| TOTAL | \$284,987 | \$46,579 | \$215,251 | 51 | 847 | 433 | 1,280 |

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| ANTHEM LIFE INSURANCE COMPANY NAIC Company Code 61069 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$9,508,675 | \$6,461,043 | \$5,155,586 | 5 | 25,686 | 0 | 25,686 |
| TOTAL | \$9,508,675 | \$6,461,043 | \$5,155,586 | 5 | 25,686 | 0 | 25,686 |

| ARCH INSURANCE COMPANY NAIC Company Code 11150 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$747,766 | \$266,521 | \$0 | 0 | 117,079 | 0 | 117,079 |
| TOTAL | \$747,766 | \$266,521 | \$0 | 0 | 117,079 | 0 | 117,079 |

| ARGUS DENTAL & VISION, INC. NAIC Company Code | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Administrative Services Only (ASO) | \$749,446 | \$0 | \$207,000 | 0 | 0 | 0 | 0 |
| Dental | \$333,754 | \$107,842 | \$0 | 543 | 15,043 | 9,220 | 24,263 |
| Vision | \$75,122 | \$1,198 | \$0 | 370 | 10,964 | 5,903 | 16,867 |
| Medicare Advantage (Medicare+Choice) | \$80,293,697 | \$56,016,463 | \$0 | 0 | 0 | 0 | 0 |
| Misc. | \$7,552,490 | \$5,652,013 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$89,004,509 | \$61,777,516 | \$207,000 | 913 | 26,007 | 15,123 | 41,130 |

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| ASPEN AMERICAN INSURANCE COMPANY NAIC Company Code 43460 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$12,274,354 | \$5,383,166 | \$6,454,625 | 0 | 6,536 | 3,391 | 9,927 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$-608 | \$-671 | \$349 | 2 | 89 | 0 | 89 |
| TOTAL | \$12,273,746 | \$5,382,495 | \$6,454,974 | 2 | 6,625 | 3,391 | 10,016 |

| ASSURED LIFE ASSOCIATION NAIC Company Code 56499 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$275,165 | \$181,406 | \$0 | 0 | 75 | 0 | 75 |
| TOTAL | \$275,165 | \$181,406 | \$0 | 0 | 75 | 0 | 75 |

| ASSURITY LIFE INSURANCE COMPANY NAIC Company Code 71439 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$205 | \$1 | \$0 | 0 | 1 | 0 | 1 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$320,332 | \$259,181 | \$39,421 | 0 | 2,197 | 118 | 2,315 |
| Disability Income | \$1,832,302 | \$2,015,200 | \$178,929 | 0 | 1,769 | 1,025 | 2,794 |
| Limited Benefit | \$531,688 | \$255,535 | \$89,973 | 0 | 1,096 | 407 | 1,503 |
| Long Term Care-Comprehensive | \$9,643 | \$14,228 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$2,694,170 | \$2,544,145 | \$308,323 | 0 | 5,063 | 1,550 | 6,613 |

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| ATHENE ANNUITY & LIFE ASSURANCE COMPANY NAIC Company Code 61492 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$123,557 | \$0 | \$0 | 0 | 735 | 273 | 1,008 |
| Disability Income | \$64,948 | \$63,881 | \$0 | 0 | 100 | 0 | 100 |
| Limited Benefit | \$19,069 | \$11,246 | \$0 | 0 | 89 | 117 | 206 |
| TOTAL | \$207,574 | \$75,127 | \$0 | 0 | 924 | 390 | 1,314 |

| ATHENE ANNUITY AND LIFE COMPANY NAIC Company Code 61689 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$210,275 | \$353,797 | \$0 | 0 | 202 | 0 | 202 |
| TOTAL | \$210,275 | \$353,797 | \$0 | 0 | 202 | 0 | 202 |

| ATHENE LIFE INSURANCE COMPANY OF NEW YORK NAIC Company Code 63932 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$2,591 | \$134,720 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$2,591 | \$134,720 | \$0 | 0 | 0 | 0 | 0 |

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| ATLANTA LIFE INSURANCE COMPANY NAIC Company Code 61093 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,315 | \$0 | \$0 | 0 | 105 | 0 | 105 |
| TOTAL | \$4,315 | \$0 | \$0 | 0 | 105 | 0 | 105 |

| ATLANTIC AMBULANCE SERVICES ACQUISITION, INC. NAIC Company Code | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Other | \$293,630 | \$176,779 | \$0 | 54 | 16,843 | 0 | 16,843 |
| TOTAL | \$293,630 | \$176,779 | \$0 | 54 | 16,843 | 0 | 16,843 |

| ATLANTIC SPECIALTY INSURANCE COMPANY NAIC Company Code 27154 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,375,750 | \$351,229 | \$0 | 4 | 5,744 | 0 | 5,744 |
| Excess/Stop Loss | \$733,689 | \$-195,599 | \$379,102 | 1 | 95 | 73 | 168 |
| TOTAL | \$2,109,439 | \$155,630 | \$379,102 | 5 | 5,839 | 73 | 5,912 |

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| AUTO-OWNERS LIFE INSURANCE COMPANY NAIC Company Code 61190 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$139,507 | \$128,980 | \$0 | 0 | 208 | 0 | 208 |
| Long Term Care-Comprehensive | \$113,326 | \$-302,158 | \$0 | 0 | 59 | 0 | 59 |
| Medicare Supplement | \$8,797 | \$13,354 | \$0 | 0 | 5 | 0 | 5 |
| TOTAL | \$261,630 | \$-159,824 | \$0 | 0 | 272 | 0 | 272 |

| AVMED, INC. NAIC Company Code 95263 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$78,417,240 | \$60,031,907 | \$11,176,115 | 0 | 6,369 | 4,710 | 11,079 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$48,914,580 | \$38,228,697 | \$2,317,620 | 1,096 | 4,775 | 2,325 | 7,100 |
| ACA Off Exchange 51-100 Member Groups | \$22,489,716 | \$18,536,371 | \$6,366,160 | 85 | 3,286 | 1,159 | 4,445 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$103,581,100 | \$83,542,191 | \$10,154,471 | 50 | 10,555 | 8,466 | 19,021 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$17,073,329 | \$12,699,896 | \$0 | 341 | 1,655 | 985 | 2,640 |
| Administrative Services Only (ASO) | \$47,088,726 | \$0 | \$0 | 5 | 67,356 | 64,374 | 131,730 |
| Medicare Advantage (Medicare+Choice) | \$360,615,407 | \$286,566,614 | \$0 | 1 | 23,464 | 0 | 23,464 |
| Misc. | \$15,683,987 | \$14,590,155 | \$0 | 1 | 1,124 | 900 | 2,024 |
| TOTAL | \$693,864,085 | \$514,195,831 | \$30,014,366 | 1,579 | 118,584 | 82,919 | 201,503 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business

| AXIS INSURANCE COMPANY NAIC Company Code 37273 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$407,036 | \$87,155 | \$7,765 | 229 | 87,788 | 0 | 87,788 |
| Dental | \$9,052 | \$11,118 | \$411 | 14 | 68 | 13 | 81 |
| Vision | \$787 | \$1,664 | \$27 | 11 | 28 | 6 | 34 |
| Disability Income | \$391 | \$-274 | \$67 | 10 | 2 | 0 | 2 |
| Limited Benefit | \$819,282 | \$638,991 | \$89,773 | 92 | 2,803 | 495 | 3,298 |
| TOTAL | \$1,236,548 | \$738,654 | \$98,043 | 356 | 90,689 | 514 | 91,203 |

| BALTIMORE LIFE INSURANCE COMPANY NAIC Company Code 61212 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$42 | \$0 | \$0 | 0 | 5 | 0 | 5 |
| Disability Income | \$336 | \$64,145 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$16,408 | \$0 | \$0 | 6 | 73 | 40 | 113 |
| TOTAL | \$16,786 | \$64,145 | \$0 | 6 | 78 | 40 | 118 |

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| BANKERS FIDELITY LIFE INSURANCE COMPANY NAIC Company Code 61239 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,898 | \$37 | \$0 | 0 | 6 | 0 | 6 |
| Disability Income | \$2,614 | \$236 | \$0 | 0 | 3 | 0 | 3 |
| Limited Benefit | \$7,109 | \$331 | \$0 | 0 | 51 | 0 | 51 |
| Medicare Supplement | \$117,000 | \$87,941 | \$0 | 0 | 37 | 0 | 37 |
| TOTAL | \$128,621 | \$88,545 | \$0 | 0 | 97 | 0 | 97 |

| BANKERS LIFE AND CASUALTY COMPANY NAIC Company Code 61263 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$22,964 | \$-454 | \$5,391 | 0 | 196 | 0 | 196 |
| Disability Income | \$166,675 | \$754,669 | \$0 | 0 | 226 | 0 | 226 |
| Limited Benefit | \$2,894,373 | \$636,116 | \$312,263 | 0 | 5,200 | 209 | 5,409 |
| Long Term Care-Comprehensive | \$11,147,546 | \$9,262,123 | \$646,180 | 0 | 5,960 | 717 | 6,677 |
| Long Term Care-Facility Only | \$22,761,059 | \$24,804,707 | \$1,319,370 | 0 | 12,170 | 1,464 | 13,634 |
| Long Term Care-Non-Facility Only | \$7,499,374 | \$18,361,089 | \$0 | 0 | 4,782 | 722 | 5,504 |
| Short Term Care | \$616,168 | \$453,659 | \$1,221 | 0 | 548 | 27 | 575 |
| Medicare Supplement | \$30,892,425 | \$24,717,015 | \$17 | 0 | 9,266 | 78 | 9,344 |
| TOTAL | \$76,000,584 | \$78,988,924 | \$2,284,442 | 0 | 38,348 | 3,217 | 41,565 |

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| BANNER LIFE INSURANCE COMPANY NAIC Company Code 94250 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$444,187 | \$1,000,000 | \$164,827 | 0 | 2,209 | 0 | 2,209 |
| TOTAL | \$444,187 | \$1,000,000 | \$164,827 | 0 | 2,209 | 0 | 2,209 |

| BAYCARE SELECT HEALTH PLANS, INC. NAIC Company Code 16282 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$63,200,309 | \$65,519,515 | \$0 | 0 | 8,435 | 0 | 8,435 |
| TOTAL | \$63,200,309 | \$65,519,515 | \$0 | 0 | 8,435 | 0 | 8,435 |

| BCS INSURANCE COMPANY NAIC Company Code 38245 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$34,348 | \$31,326 | \$0 | 5 | 1 | 0 | 1 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$33,039 | \$-20,642 | \$0 | 3,921 | 3,921 | 3,755 | 7,676 |
| Dental | \$362,956 | \$46,066 | \$0 | 121 | 1,617 | 377 | 1,994 |
| Vision | \$117,500 | \$4,034 | \$0 | 105 | 1,194 | 306 | 1,500 |
| Excess/Stop Loss | \$219,300 | \$-106,901 | \$0 | 12 | 764 | 26 | 790 |
| Limited Benefit | \$1,605,294 | \$583,759 | \$0 | 134 | 1,876 | 431 | 2,307 |
| TOTAL | \$2,372,437 | \$537,641 | \$0 | 4,298 | 9,373 | 4,895 | 14,268 |

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List of Companies and all Health Business**

| BEAZLEY INSURANCE COMPANY, INC. NAIC Company Code 37540 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$410,625 | \$192,578 | \$62,376 | 15 | 724 | 316 | 1,040 |
| TOTAL | \$410,625 | \$192,578 | \$62,376 | 15 | 724 | 316 | 1,040 |

| BEHEALTHY FLORIDA, INC. NAIC Company Code 15118 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$148,544 | \$65,327 | \$148,544 | 4 | 46 | 2 | 48 |
| ACA Off Exchange 51-100 Member Groups | \$37,847 | \$22,745 | \$37,847 | 2 | 39 | 9 | 48 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$416,580 | \$150,680 | \$416,580 | 5 | 209 | 80 | 289 |
| Medicare Advantage (Medicare+Choice) | \$22,551 | \$307,563 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$625,522 | \$546,315 | \$602,971 | 11 | 294 | 91 | 385 |

| BERKLEY LIFE AND HEALTH INSURANCE COMPANY NAIC Company Code 64890 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$205,174 | \$22,193 | \$27,000 | 804 | 95,191 | 0 | 95,191 |
| Excess/Stop Loss | \$14,867,241 | \$9,406,256 | \$3,000,000 | 43 | 10,795 | 0 | 10,795 |
| TOTAL | \$15,072,415 | \$9,428,449 | \$3,027,000 | 847 | 105,986 | 0 | 105,986 |

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| BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY NAIC Company Code 22276 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$295 | \$2,175,773 | \$0 | 0 | 0 | 0 | 0 |
| Excess/Stop Loss | \$4,011,473 | \$1,823,829 | \$887,145 | 9 | 5,403 | 6,176 | 11,579 |
| TOTAL | \$4,011,768 | \$3,999,602 | \$887,145 | 9 | 5,403 | 6,176 | 11,579 |

| BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 71714 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$35,601,142 | \$29,004,375 | \$3,142,220 | 0 | 14,072 | 0 | 14,072 |
| Long Term Care-Comprehensive | \$2,482,366 | \$310,218 | \$0 | 0 | 691 | 335 | 1,026 |
| TOTAL | \$38,083,508 | \$29,314,593 | \$3,142,220 | 0 | 14,763 | 335 | 15,098 |

| BEST CARE PARTNERS, INC. NAIC Company Code 16573 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$0 | \$1,145,688 | \$0 | 0 | 1,119 | 0 | 1,119 |
| TOTAL | \$0 | \$1,145,688 | \$0 | 0 | 1,119 | 0 | 1,119 |

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| BEST LIFE AND HEALTH INSURANCE COMPANY | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 90638 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$999,005 | \$666,446 | \$31,059 | 121 | 2,140 | 709 | 2,849 |
| Vision | \$10,025 | \$3,316 | \$201 | 8 | 79 | 16 | 95 |
| TOTAL | \$1,009,030 | \$669,762 | \$31,260 | 129 | 2,219 | 725 | 2,944 |

| BLUE CROSS & BLUE SHIELD OF FLORIDA, INC. | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 98167 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$3,991,275,585 | \$3,175,007,008 | \$1,361,518,625 | 0 | 310,015 | 125,804 | 435,819 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$896,894,784 | \$688,140,984 | \$174,824,696 | 0 | 65,534 | 34,796 | 100,330 |
| ACA Off Exchange Self-Employed or Sole Proprietor (FS 627.6699) | \$388,169 | \$225,963 | \$18,849 | 20 | 20 | 23 | 43 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$515,188,024 | \$385,992,751 | \$74,511,273 | 8,368 | 42,969 | 28,476 | 71,445 |
| ACA Off Exchange 51-100 Member Groups | \$392,582,753 | \$306,329,613 | \$63,612,858 | 1,776 | 40,810 | 24,717 | 65,527 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$1,176,117,078 | \$883,751,838 | \$61,209,862 | 1,686 | 117,535 | 66,433 | 183,968 |
| Grandfathered (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$0 | \$-181 | \$0 | 0 | 0 | 0 | 0 |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$155,212,399 | \$103,144,081 | \$0 | 0 | 13,758 | 10,514 | 24,272 |
| Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor (FS 627.6699) | \$193,900 | \$152,264 | \$0 | 8 | 8 | 13 | 21 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$82,414,116 | \$56,632,962 | \$0 | 1,292 | 6,814 | 5,065 | 11,879 |

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BLUE CROSS & BLUE SHIELD OF FLORIDA, INC.
NAIC Company Code 98167

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$27,129,623 | \$18,751,723 | \$0 | 57 | 2,198 | 1,482 | 3,680 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$64,324,549 | \$43,422,581 | \$0 | 44 | 4,921 | 3,928 | 8,849 |
| Transitional (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$0 | \$149 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$290,041,730 | \$227,438,874 | \$0 | 0 | 32,530 | 27,039 | 59,569 |
| Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor (FS 627.6699) | \$245,357 | \$236,265 | \$0 | 11 | 11 | 5 | 16 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$253,035,942 | \$162,017,589 | \$0 | 3,702 | 21,438 | 15,413 | 36,851 |
| Administrative Services Only (ASO) | \$120,847,930 | \$0 | \$18,705 | 247 | 271,954 | 247,192 | 519,146 |
| Vision | \$4,333,417 | \$3,065,203 | \$0 | 955 | 29,238 | 22,002 | 51,240 |
| Excess/Stop Loss | \$89,192,757 | \$52,314,701 | \$0 | 97 | 107,682 | 78,108 | 185,790 |
| Long Term Care-Comprehensive | \$10,992,868 | \$-2,917,823 | \$0 | 0 | 5,508 | 0 | 5,508 |
| Medicare Supplement | \$477,101,889 | \$339,802,735 | \$14,228,978 | 8 | 175,848 | 0 | 175,848 |
| Medicare Advantage (Medicare+Choice) | \$775,698,112 | \$622,942,126 | \$108,058,086 | 0 | 69,904 | 0 | 69,904 |
| Misc. | \$2,625,302,445 | \$2,408,377,174 | \$0 | 1 | 205,060 | 194,312 | 399,372 |
| TOTAL | \$11,948,513,427 | \$9,474,828,580 | \$1,858,001,932 | 18,272 | 1,523,755 | 885,322 | 2,409,077 |

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BOSTON MUTUAL LIFE INSURANCE COMPANY
NAIC Company Code 61476

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$306,110 | \$80,793 | \$107,863 | 10 | 1,205 | 1,589 | 2,794 |
| Disability Income | \$643,834 | \$454,440 | \$106,480 | 93 | 462 | 0 | 462 |
| Limited Benefit | \$635,334 | \$48,519 | \$0 | 4 | 208 | 20 | 228 |
| TOTAL | \$1,585,278 | \$583,752 | \$214,344 | 107 | 1,875 | 1,609 | 3,484 |

BRIGHT HEALTH INSURANCE COMPANY OF FLORIDA
NAIC Company Code 16501

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$139,411,118 | \$136,885,991 | \$139,409,913 | 0 | 21,220 | 8,802 | 30,022 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$554,224 | \$496,988 | \$554,224 | 0 | 73 | 36 | 109 |
| Medicare Advantage (Medicare+Choice) | \$4,189,107 | \$3,817,216 | \$4,189,107 | 0 | 439 | 0 | 439 |
| TOTAL | \$144,154,449 | \$141,200,195 | \$144,153,244 | 0 | 21,732 | 8,838 | 30,570 |

BRIGHTHOUSE LIFE INSURANCE COMPANY
NAIC Company Code 87726

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$304,074 | \$1,057,640 | \$0 | 0 | 220 | 0 | 220 |
| Limited Benefit | \$29,083 | \$28,917 | \$0 | 0 | 56 | 6 | 62 |
| Long Term Care-Comprehensive | \$26,639,176 | \$69,452,347 | \$0 | 4 | 7,655 | 0 | 7,655 |
| TOTAL | \$26,972,333 | \$70,538,904 | \$0 | 4 | 7,931 | 6 | 7,937 |

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| CANADA LIFE ASSURANCE COMPANY (US BUSINESS OF THE) NAIC Company Code 80659 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,880 | \$171 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$328,026 | \$1,346,654 | \$0 | 0 | 98 | 0 | 98 |
| Limited Benefit | \$53,931 | \$214,183 | \$0 | 0 | 14 | 0 | 14 |
| TOTAL | \$384,837 | \$1,561,008 | \$0 | 0 | 113 | 0 | 113 |

| CANADA LIFE REINSURANCE COMPANY NAIC Company Code 76694 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$817 | \$-2,402 | \$0 | 1 | 1 | 0 | 1 |
| TOTAL | \$817 | \$-2,402 | \$0 | 1 | 1 | 0 | 1 |

| CAPITAL HEALTH PLAN, INC. NAIC Company Code 95112 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Self-Employed or Sole Proprietor (FS 627.6699) | \$749,895 | \$1,068,021 | \$5,026 | 47 | 47 | 50 | 97 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$61,986,435 | \$56,372,553 | \$1,093,982 | 1,134 | 6,251 | 4,188 | 10,439 |
| ACA Off Exchange 51-100 Member Groups | \$23,179,076 | \$21,524,230 | \$24,988 | 71 | 2,367 | 1,260 | 3,627 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$512,344,866 | \$492,183,546 | \$948,905 | 79 | 42,248 | 47,029 | 89,277 |
| Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor (FS 627.6699) | \$378,896 | \$336,394 | \$0 | 22 | 22 | 34 | 56 |

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| CAPITAL HEALTH PLAN, INC. NAIC Company Code 95112 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$11,028,193 | \$9,430,880 | \$0 | 234 | 972 | 806 | 1,778 |
| Transitional (In-State and Out-of-State) 51-100 Member Groups | \$11,217 | \$2,454 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) Conversion | \$252,538 | \$406,069 | \$0 | 0 | 16 | 18 | 34 |
| Medicare Advantage (Medicare+Choice) | \$276,174,279 | \$230,959,415 | \$0 | 0 | 20,587 | 2,151 | 22,738 |
| Misc. | \$20,934,434 | \$20,544,875 | \$0 | 1 | 1,516 | 1,478 | 2,994 |
| TOTAL | \$907,039,829 | \$832,828,437 | \$2,072,901 | 1,588 | 74,026 | 57,014 | 131,040 |

| CAPITOL INDEMNITY CORPORATION NAIC Company Code 10472 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$-44 | \$-647 | \$-44 | 0 | 0 | 0 | 0 |
| TOTAL | \$-44 | \$-647 | \$-44 | 0 | 0 | 0 | 0 |

| CAPITOL LIFE INSURANCE COMPANY NAIC Company Code 61581 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$67,728 | \$67,139 | \$67,728 | 0 | 72 | 0 | 72 |
| TOTAL | \$67,728 | \$67,139 | \$67,728 | 0 | 72 | 0 | 72 |

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| CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY NAIC Company Code 12567 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$967,732 | \$972,423 | \$37,545 | 0 | 23 | 0 | 23 |
| TOTAL | \$967,732 | \$972,423 | \$37,545 | 0 | 23 | 0 | 23 |

| CAREPLUS HEALTH PLANS, INC. NAIC Company Code 95092 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$2,677,528,362 | \$2,225,568,693 | \$171,492,558 | 0 | 173,479 | 0 | 173,479 |
| TOTAL | \$2,677,528,362 | \$2,225,568,693 | \$171,492,558 | 0 | 173,479 | 0 | 173,479 |

| CATHOLIC FINANCIAL LIFE NAIC Company Code 56030 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$30 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| Disability Income | \$3 | \$1,233 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$15 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$48 | \$1,233 | \$0 | 0 | 4 | 0 | 4 |

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| CATHOLIC ORDER OF FORESTERS NAIC Company Code 57487 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$32 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| Long Term Care-Comprehensive | \$26,544 | \$0 | \$0 | 0 | 17 | 0 | 17 |
| Long Term Care-Facility Only | \$122 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$26,698 | \$0 | \$0 | 0 | 22 | 0 | 22 |

| CATLIN INSURANCE COMPANY, INC. NAIC Company Code 19518 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$419,651 | \$206,760 | \$257,465 | 15 | 137,270 | 0 | 137,270 |
| TOTAL | \$419,651 | \$206,760 | \$257,465 | 15 | 137,270 | 0 | 137,270 |

| CELTIC INSURANCE COMPANY NAIC Company Code 80799 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$1,652,813,528 | \$1,288,281,956 | \$1,174,861,263 | 0 | 362,211 | 154,878 | 517,089 |
| Medicare Supplement | \$3,226,991 | \$2,751,040 | \$0 | 0 | 816 | 0 | 816 |
| Misc. | \$1,276 | \$0 | \$0 | 0 | 5 | 0 | 5 |
| TOTAL | \$1,656,041,795 | \$1,291,032,996 | \$1,174,861,263 | 0 | 363,032 | 154,878 | 517,910 |

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CENTENE VENTURE COMPANY FLORIDA
NAIC Company Code 16499

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Advantage (Medicare+Choice) | \$10,414,149 | \$9,825,867 | \$10,414,149 | 0 | 984 | 0 | 984 |
| TOTAL | \$10,414,149 | \$9,825,867 | \$10,414,149 | 0 | 984 | 0 | 984 |

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA
NAIC Company Code 61751

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$600 | \$3,347 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$17,848 | \$759,802 | \$0 | 0 | 12 | 3 | 15 |
| Long Term Care-Facility Only | \$37,082 | \$165,725 | \$0 | 0 | 25 | 0 | 25 |
| Medicare Supplement | \$2,479,378 | \$2,190,634 | \$42,032 | 0 | 785 | 0 | 785 |
| TOTAL | \$2,534,908 | \$3,119,508 | \$42,032 | 0 | 823 | 3 | 826 |

CENTRAL STATES INDEMNITY COMPANY OF OMAHA
NAIC Company Code 34274

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$1,437 | \$201 | \$0 | 1 | 17 | 0 | 17 |
| Medicare Supplement | \$67,832 | \$43,258 | \$0 | 0 | 24 | 0 | 24 |
| TOTAL | \$69,269 | \$43,459 | \$0 | 1 | 41 | 0 | 41 |

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| CENTRE LIFE INSURANCE COMPANY NAIC Company Code 80896 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$3,492 | \$25,331 | \$0 | 0 | 23 | 8 | 31 |
| Disability Income | \$386,481 | \$2,020,419 | \$0 | 0 | 310 | 0 | 310 |
| TOTAL | \$389,973 | \$2,045,750 | \$0 | 0 | 333 | 8 | 341 |

| CHRISTIAN FIDELITY LIFE INSURANCE COMPANY NAIC Company Code 61859 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$123,852 | \$62,642 | \$0 | 2 | 26 | 0 | 26 |
| TOTAL | \$123,852 | \$62,642 | \$0 | 2 | 26 | 0 | 26 |

| CIGNA DENTAL HEALTH OF FLORIDA, INC. NAIC Company Code 52021 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$37,293,769 | \$19,154,480 | \$1,545,174 | 289 | 106,045 | 90,661 | 196,706 |
| TOTAL | \$37,293,769 | \$19,154,480 | \$1,545,174 | 289 | 106,045 | 90,661 | 196,706 |

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| CIGNA HEALTH AND LIFE INSURANCE COMPANY | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| NAIC Company Code 67369 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$81,606,710 | \$48,645,407 | \$0 | 0 | 0 | 0 | 0 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$3,648,698 | \$5,340,432 | \$0 | 0 | 9,343 | 3,834 | 13,177 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$0 | \$63,249 | \$0 | 0 | 0 | 0 | 0 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$995,649,218 | \$841,846,437 | \$0 | 3,138 | 100,549 | 80,416 | 180,965 |
| ACA Off Exchange Conversion | \$64 | \$-5,048 | \$0 | 0 | 0 | 0 | 0 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$61,750 | \$0 | \$0 | 0 | 7 | 8 | 15 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$36,972,705 | \$30,548,564 | \$0 | 53 | 1,925 | 1,720 | 3,645 |
| Grandfathered (In-State and Out-of-State) Conversion | \$4,937 | \$99,020 | \$0 | 0 | 3 | 1 | 4 |
| Administrative Services Only (ASO) | \$301,210,564 | \$0 | \$0 | 7,522 | 1,062,680 | 854,222 | 1,916,902 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$224 | \$0 | \$0 | 1 | 71 | 0 | 71 |
| Dental | \$140,462,692 | \$100,146,468 | \$0 | 3,079 | 226,350 | 187,025 | 413,375 |
| Prescription Drug | \$26,491,582 | \$19,158,767 | \$0 | 3,975 | 40,159 | 0 | 40,159 |
| Vision | \$7,933,929 | \$4,925,295 | \$0 | 1,213 | 58,042 | 48,591 | 106,633 |
| Disability Income | \$0 | \$16,963 | \$0 | 0 | 0 | 0 | 0 |
| Excess/Stop Loss | \$318,786,849 | \$259,563,766 | \$0 | 3,644 | 264,660 | 208,061 | 472,721 |
| Medicare Supplement | \$8,999,626 | \$7,107,944 | \$0 | 10 | 2,022 | 1 | 2,023 |
| Other | \$975,306 | \$689,808 | \$0 | 21 | 393 | 35 | 428 |
| TOTAL | \$1,922,804,854 | \$1,318,147,072 | \$0 | 22,656 | 1,766,204 | 1,383,914 | 3,150,118 |

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| CIGNA HEALTHCARE OF FLORIDA, INC. NAIC Company Code 95136 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Conversion | \$5,424 | \$90,624 | \$0 | 0 | 1 | 0 | 1 |
| Transitional (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$2,293,368 | \$1,776,941 | \$7,865 | 16 | 243 | 168 | 411 |
| TOTAL | \$2,298,792 | \$1,867,565 | \$7,865 | 16 | 244 | 168 | 412 |

| CITIZENS NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 82082 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$1,702 | \$0 | \$0 | 0 | 8 | 0 | 8 |
| TOTAL | \$1,702 | \$0 | \$0 | 0 | 8 | 0 | 8 |

| CITIZENS SECURITY LIFE INSURANCE COMPANY NAIC Company Code 61921 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$139,076 | \$54,860 | \$0 | 0 | 78 | 0 | 78 |
| Limited Benefit | \$1,468 | \$3,060 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$140,544 | \$57,920 | \$0 | 0 | 80 | 0 | 80 |

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CLEAR SPRING HEALTH INSURANCE COMPANY
NAIC Company Code 78301

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Prescription Drug | \$4,551,581 | \$5,247,657 | \$4,551,581 | 0 | 0 | 0 | 0 |
| TOTAL | \$4,551,581 | \$5,247,657 | \$4,551,581 | 0 | 0 | 0 | 0 |

CMFG LIFE INSURANCE COMPANY
NAIC Company Code 62626

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$14,647,784 | \$4,888,140 | \$2,219,974 | 879,846 | 881,223 | 947,425 | 1,828,648 |
| Disability Income | \$586 | \$111,885 | \$0 | 0 | 3 | 0 | 3 |
| Limited Benefit | \$14,352 | \$2,825 | \$0 | 63 | 82 | 0 | 82 |
| Long Term Care-Comprehensive | \$4,927,005 | \$1,988,915 | \$0 | 0 | 2,452 | 0 | 2,452 |
| TOTAL | \$19,589,727 | \$6,991,765 | \$2,219,974 | 879,909 | 883,760 | 947,425 | 1,831,185 |

COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY
NAIC Company Code 62049

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$39,324,935 | \$16,119,736 | \$10,149,451 | 348 | 123,562 | 106,529 | 230,091 |
| Dental | \$4,075,851 | \$1,229,421 | \$2,569,823 | 0 | 7,236 | 3,487 | 10,723 |
| Disability Income | \$37,332,962 | \$17,358,927 | \$9,513,791 | 126 | 69,597 | 977 | 70,574 |
| Limited Benefit | \$47,966,866 | \$22,686,263 | \$11,846,676 | 1,077 | 127,041 | 95,484 | 222,525 |

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COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY
NAIC Company Code 62049

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Long Term Care-Accelerated Benefit Rider | \$1,283 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$128,701,897 | \$57,394,347 | \$34,079,741 | 1,551 | 327,438 | 206,477 | 533,915 |

COLONIAL PENN LIFE INSURANCE COMPANY
NAIC Company Code 62065

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,462 | \$367 | \$0 | 0 | 14 | 0 | 14 |
| Disability Income | \$5,348 | \$157,214 | \$0 | 0 | 4 | 0 | 4 |
| Limited Benefit | \$313 | \$29 | \$0 | 0 | 2 | 0 | 2 |
| Long Term Care-Facility Only | \$2,224 | \$25,186 | \$0 | 0 | 3 | 0 | 3 |
| Short Term Care | \$666 | \$731 | \$0 | 0 | 3 | 0 | 3 |
| Medicare Supplement | \$107,506,631 | \$65,935,292 | \$0 | 0 | 36,175 | 0 | 36,175 |
| TOTAL | \$107,516,644 | \$66,118,819 | \$0 | 0 | 36,201 | 0 | 36,201 |

COLORADO BANKERS LIFE INSURANCE COMPANY
NAIC Company Code 84786

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$40,413 | \$30,728 | \$5,455 | 0 | 191 | 0 | 191 |
| Dental | \$536 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| TOTAL | \$40,949 | \$30,728 | \$5,455 | 0 | 194 | 0 | 194 |

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| COLUMBIAN LIFE INSURANCE COMPANY NAIC Company Code 76023 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$641 | \$0 | \$0 | 1 | 0 | 0 | 0 |
| TOTAL | \$641 | \$0 | \$0 | 1 | 0 | 0 | 0 |

| COLUMBIAN MUTUAL LIFE INSURANCE COMPANY NAIC Company Code 62103 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Administrative Services Only (ASO) | \$516 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,192 | \$2,243 | \$0 | 0 | 7 | 0 | 7 |
| Medicare Supplement | \$19,381 | \$1,708 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$21,089 | \$3,951 | \$0 | 0 | 7 | 0 | 7 |

| COLUMBUS LIFE INSURANCE COMPANY NAIC Company Code 99937 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$760 | \$23,818 | \$0 | 0 | 5 | 0 | 5 |
| TOTAL | \$760 | \$23,818 | \$0 | 0 | 5 | 0 | 5 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| COMBINED INSURANCE COMPANY OF AMERICA NAIC Company Code 62146 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$8,218,570 | \$4,063,125 | \$46,198 | 0 | 33,044 | 3,309 | 36,353 |
| Vision | \$15,893,078 | \$11,876,902 | \$0 | 24 | 100,976 | 188,235 | 289,211 |
| Disability Income | \$9,149,918 | \$4,928,136 | \$360,052 | 0 | 14,099 | 50 | 14,149 |
| Limited Benefit | \$46,960,019 | \$11,678,903 | \$16,860,995 | 0 | 95,913 | 20,386 | 116,299 |
| Medicare Supplement | \$822,661 | \$699,528 | \$0 | 1 | 506 | 0 | 506 |
| Other | \$2,638 | \$1,848 | \$0 | 0 | 14 | 5 | 19 |
| TOTAL | \$81,046,884 | \$33,248,442 | \$17,267,245 | 25 | 244,552 | 211,985 | 456,537 |

| COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY NAIC Company Code 81426 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,495 | \$6,443 | \$4,495 | 0 | 39 | 0 | 39 |
| Disability Income | \$3,596 | \$23,417 | \$0 | 0 | 133 | 0 | 133 |
| Limited Benefit | \$6,167 | \$2,985 | \$0 | 0 | 62 | 0 | 62 |
| Other | \$68 | \$0 | \$68 | 0 | 0 | 0 | 0 |
| TOTAL | \$14,326 | \$32,845 | \$4,563 | 0 | 234 | 0 | 234 |

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COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY
NAIC Company Code 84824

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$8,919 | \$440,502 | \$0 | 0 | 6 | 0 | 6 |
| Misc. | \$0 | \$0 | \$0 | 0 | 6 | 0 | 6 |
| TOTAL | \$8,919 | \$440,502 | \$0 | 0 | 12 | 0 | 12 |

COMPANION LIFE INSURANCE COMPANY
NAIC Company Code 77828

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$1,014,643 | \$649,775 | \$3,658 | 11 | 696 | 463 | 1,159 |
| Prescription Drug | \$538,979 | \$447,181 | \$0 | 11 | 846 | 0 | 846 |
| Vision | \$20,835 | \$15,819 | \$0 | 11 | 238 | 98 | 336 |
| Disability Income | \$289,705 | \$88,798 | \$0 | 5 | 752 | 0 | 752 |
| Excess/Stop Loss | \$7,090,322 | \$4,524,949 | \$2,803,779 | 30 | 7,953 | 6,486 | 14,439 |
| Limited Benefit | \$6,307,251 | \$1,579,718 | \$481,196 | 213 | 3,007 | 1,212 | 4,219 |
| TOTAL | \$15,261,735 | \$7,306,240 | \$3,288,633 | 281 | 13,492 | 8,259 | 21,751 |

COMPBENEFITS COMPANY
NAIC Company Code 52015

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$44,557,634 | \$24,662,271 | \$938,034 | 2,800 | 184,384 | 142,130 | 326,514 |
| Vision | \$15,694,375 | \$10,786,492 | \$0 | 16 | 228,107 | 0 | 228,107 |
| TOTAL | \$60,252,009 | \$35,448,763 | \$938,034 | 2,816 | 412,491 | 142,130 | 554,621 |

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| COMPBENEFITS INSURANCE COMPANY NAIC Company Code 60984 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$504,539 | \$76,274 | \$0 | 35 | 2,850 | 0 | 2,850 |
| TOTAL | \$504,539 | \$76,274 | \$0 | 35 | 2,850 | 0 | 2,850 |

| CONNECTICUT GENERAL LIFE INSURANCE COMPANY NAIC Company Code 62308 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$270,504 | \$-8,807 | \$0 | 4 | 38 | 4 | 42 |
| ACA Off Exchange Conversion | \$68,135 | \$333,884 | \$0 | 0 | 20 | 2 | 22 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$12,833 | \$7,778 | \$0 | 3 | 2 | 0 | 2 |
| Grandfathered (In-State and Out-of-State) Conversion | \$413,704 | \$633,736 | \$0 | 0 | 19 | 8 | 27 |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$106,041,074 | \$81,272,715 | \$0 | 0 | 8,926 | 8,595 | 17,521 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$471 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Administrative Services Only (ASO) | \$-34,816 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$19,962 | \$41,087 | \$0 | 1 | 6,989 | 0 | 6,989 |
| Dental | \$1,221,849 | \$531,129 | \$0 | 2 | 1,816 | 1,535 | 3,351 |
| Vision | \$192 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$71,847 | \$744,206 | \$0 | 0 | 108 | 0 | 108 |
| Excess/Stop Loss | \$-3,818 | \$-953 | \$0 | 0 | 0 | 0 | 0 |
| Long Term Care-Comprehensive | \$60,543 | \$401,466 | \$0 | 9 | 133 | 0 | 133 |

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CONNECTICUT GENERAL LIFE INSURANCE COMPANY
NAIC Company Code 62308

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Supplement | \$63,476 | \$38,580 | \$0 | 1 | 30 | 0 | 30 |
| Medicare Advantage (Medicare+Choice) | \$4,038 | \$3,596 | \$0 | 1 | 3 | 1 | 4 |
| TOTAL | \$108,209,994 | \$83,998,417 | \$0 | 21 | 18,084 | 10,145 | 28,229 |

CONTINENTAL AMERICAN INSURANCE COMPANY
NAIC Company Code 71730

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$15,002,902 | \$6,179,274 | \$0 | 1,027 | 63,239 | 38,399 | 101,638 |
| Dental | \$97,476 | \$7,248,883 | \$0 | 10 | 243 | 86 | 329 |
| Disability Income | \$7,303,471 | \$4,965,801 | \$0 | 137 | 12,323 | 43 | 12,366 |
| Limited Benefit | \$28,539,784 | \$6,299,495 | \$0 | 1,624 | 80,914 | 28,969 | 109,883 |
| TOTAL | \$50,943,632 | \$24,693,454 | \$0 | 2,798 | 156,719 | 67,497 | 224,216 |

CONTINENTAL CASUALTY COMPANY
NAIC Company Code 20443

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$358 | \$-2,314 | \$0 | 0 | 2 | 0 | 2 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$32,306 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$26 | \$60,957 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$12 | \$0 | \$0 | 0 | 3 | 0 | 3 |

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| CONTINENTAL CASUALTY COMPANY NAIC Company Code 20443 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$18,968,493 | \$66,476,809 | \$0 | 398 | 19,502 | 0 | 19,502 |
| Long Term Care-Facility Only | \$104,014 | \$5,084,343 | \$0 | 0 | 508 | 0 | 508 |
| Long Term Care-Non-Facility Only | \$-82 | \$132,728 | \$0 | 0 | 7 | 0 | 7 |
| TOTAL | \$19,072,821 | \$71,784,829 | \$0 | 398 | 20,023 | 0 | 20,023 |

| CONTINENTAL GENERAL INSURANCE COMPANY NAIC Company Code 71404 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$17,625 | \$5,112 | \$0 | 0 | 34 | 6 | 40 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$58,215 | \$33,412 | \$0 | 2 | 169 | 62 | 231 |
| Dental | \$2,115 | \$421 | \$0 | 0 | 4 | 1 | 5 |
| Disability Income | \$360,866 | \$473,082 | \$0 | 2 | 622 | 17 | 639 |
| Limited Benefit | \$1,143,668 | \$1,197,491 | \$0 | 10 | 3,633 | 1,177 | 4,810 |
| Long Term Care-Comprehensive | \$17,053,432 | \$57,375,085 | \$0 | 0 | 6,590 | 76 | 6,666 |
| Long Term Care-Non-Facility Only | \$214,458 | \$1,369,355 | \$0 | 0 | 312 | 0 | 312 |
| Medicare Supplement | \$6,700,397 | \$5,289,934 | \$0 | 0 | 1,854 | 0 | 1,854 |
| TOTAL | \$25,550,776 | \$65,743,892 | \$0 | 14 | 13,218 | 1,339 | 14,557 |

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| CONTINENTAL LIFE INS. CO. OF BRENTWOOD, TENNESSEE NAIC Company Code 68500 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$2,302,440 | \$867,940 | \$432,983 | 0 | 6,266 | 0 | 6,266 |
| Long Term Care-Facility Only | \$12,690 | \$21,610 | \$0 | 0 | 13 | 0 | 13 |
| Long Term Care-Non-Facility Only | \$1,929 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| Medicare Supplement | \$12,653,640 | \$9,441,628 | \$3,342,295 | 2 | 6,984 | 0 | 6,984 |
| TOTAL | \$14,970,699 | \$10,331,178 | \$3,775,278 | 2 | 13,265 | 0 | 13,265 |

| COUNTRY LIFE INSURANCE COMPANY NAIC Company Code 62553 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$47,480 | \$37,045 | \$0 | 0 | 51 | 10 | 61 |
| Long Term Care-Comprehensive | \$568,495 | \$375,798 | \$1,403 | 0 | 220 | 33 | 253 |
| Long Term Care-Facility Only | \$40,318 | \$0 | \$0 | 0 | 21 | 0 | 21 |
| Long Term Care-Accelerated Benefit Rider | \$4,061 | \$0 | \$0 | 0 | 71 | 0 | 71 |
| Medicare Supplement | \$1,014,888 | \$737,970 | \$15,070 | 0 | 321 | 0 | 321 |
| TOTAL | \$1,675,242 | \$1,150,813 | \$16,473 | 0 | 684 | 43 | 727 |

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| COVENTRY HEALTH AND LIFE INSURANCE COMPANY NAIC Company Code 81973 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$0 | \$29,225 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$-1,790 | \$7,931 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$-1,790 | \$37,156 | \$0 | 0 | 0 | 0 | 0 |

| COVENTRY HEALTH PLAN OF FLORIDA, INC. NAIC Company Code 95266 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$-3,548 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$0 | \$428 | \$0 | 0 | 0 | 0 | 0 |
| Misc. | \$195,904 | \$114,059 | \$0 | 0 | 214,190 | 0 | 214,190 |
| TOTAL | \$192,356 | \$114,487 | \$0 | 0 | 214,190 | 0 | 214,190 |

| CROATIAN FRATERNAL UNION OF AMERICA NAIC Company Code 56634 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$34 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| TOTAL | \$34 | \$0 | \$0 | 0 | 3 | 0 | 3 |

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| DEARBORN LIFE INSURANCE COMPANY NAIC Company Code 71129 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$0 | \$0 | 42 | 1,307 | 336 | 1,643 |
| Dental | \$298 | \$162 | \$0 | 0 | 0 | 0 | 0 |
| Vision | \$0 | \$128,103 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$304,899 | \$442,868 | \$0 | 23 | 1,027 | 0 | 1,027 |
| TOTAL | \$305,197 | \$571,133 | \$0 | 65 | 2,334 | 336 | 2,670 |

| DELAWARE AMERICAN LIFE INSURANCE COMPANY NAIC Company Code 62634 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$121,710 | \$48,206 | \$0 | 6 | 7 | 13 | 20 |
| Dental | \$7,947 | \$1,983 | \$0 | 12 | 5 | 23 | 28 |
| Vision | \$2 | \$1,233 | \$0 | 1 | 1 | 0 | 1 |
| Disability Income | \$466 | \$0 | \$0 | 3 | 3 | 28 | 31 |
| TOTAL | \$130,125 | \$51,422 | \$0 | 22 | 16 | 64 | 80 |

| DELTA DENTAL INSURANCE COMPANY NAIC Company Code 81396 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$250,842,998 | \$182,383,951 | \$16,792,439 | 4,800 | 497,716 | 352,742 | 850,458 |
| TOTAL | \$250,842,998 | \$182,383,951 | \$16,792,439 | 4,800 | 497,716 | 352,742 | 850,458 |

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DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.
NAIC Company Code 52053

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$0 | \$227 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$227 | \$0 | 0 | 0 | 0 | 0 |

DENTAL CONCERN, INC., THE
NAIC Company Code 54739

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$19,409 | \$4,559 | \$0 | 8 | 44 | 43 | 87 |
| TOTAL | \$19,409 | \$4,559 | \$0 | 8 | 44 | 43 | 87 |

DENTAQUEST OF FLORIDA, INC.
NAIC Company Code

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$142,805,510 | \$119,172,858 | \$0 | 0 | 1,638,046 | 1,140 | 1,639,186 |
| Misc. | \$14,256,687 | \$10,639,776 | \$0 | 0 | 69,998 | 0 | 69,998 |
| TOTAL | \$157,062,197 | \$129,812,634 | \$0 | 0 | 1,708,044 | 1,140 | 1,709,184 |

DENTEGRA INSURANCE COMPANY
NAIC Company Code 73474

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$172,785 | \$37,844 | \$0 | 1 | 223 | 70 | 293 |
| TOTAL | \$172,785 | \$37,844 | \$0 | 1 | 223 | 70 | 293 |

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| DEVOTED HEALTH PLAN OF FLORIDA, INC. NAIC Company Code 16358 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$159,638,838 | \$173,578,964 | \$108,382,549 | 0 | 13,988 | 0 | 13,988 |
| TOTAL | \$159,638,838 | \$173,578,964 | \$108,382,549 | 0 | 13,988 | 0 | 13,988 |

| DOCTORS HEALTHCARE PLANS, INC. NAIC Company Code 16271 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$167,912,274 | \$151,127,828 | \$70,541,329 | 0 | 10,243 | 0 | 10,243 |
| TOTAL | \$167,912,274 | \$151,127,828 | \$70,541,329 | 0 | 10,243 | 0 | 10,243 |

| EDUCATORS HEALTH PLANS LIFE, ACCIDENT AND HEALTH, INC. NAIC Company Code 12515 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$493,578 | \$238,663 | \$312,442 | 0 | 1,215 | 448 | 1,663 |
| TOTAL | \$493,578 | \$238,663 | \$312,442 | 0 | 1,215 | 448 | 1,663 |

| ELIPS LIFE INSURANCE COMPANY NAIC Company Code 85561 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,268 | \$144,987 | \$0 | 0 | 57 | 0 | 57 |
| TOTAL | \$4,268 | \$144,987 | \$0 | 0 | 57 | 0 | 57 |

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| ELIXIR INSURANCE COMPANY NAIC Company Code 12747 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Prescription Drug | \$5,309,549 | \$4,600,232 | \$0 | 4 | 3,088 | 0 | 3,088 |
| TOTAL | \$5,309,549 | \$4,600,232 | \$0 | 4 | 3,088 | 0 | 3,088 |

| EMC NATIONAL LIFE COMPANY NAIC Company Code 62928 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$4,558 | \$0 | \$0 | 0 | 5 | 0 | 5 |
| TOTAL | \$4,558 | \$0 | \$0 | 0 | 5 | 0 | 5 |

| ENVOLVE DENTAL OF FLORIDA, INC. NAIC Company Code | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$0 | \$1,888,862 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$1,888,862 | \$0 | 0 | 0 | 0 | 0 |

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EQUITABLE FINANCIAL LIFE INSURANCE COMPANY
NAIC Company Code 62944

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$1,445,313 | \$5,108,119 | \$0 | 0 | 239 | 157 | 396 |
| Grandfathered (In-State and Out-of-State) Conversion | \$1,405 | \$-10,057 | \$0 | 0 | 1 | 1 | 2 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$19,707 | \$0 | \$0 | 0 | 4 | 0 | 4 |
| Disability Income | \$1,245,228 | \$17,759,266 | \$0 | 2 | 928 | 0 | 928 |
| TOTAL | \$2,711,653 | \$22,857,328 | \$0 | 2 | 1,172 | 158 | 1,330 |

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY OF AMERICA
NAIC Company Code 78077

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$176,782 | \$140,891 | \$86,105 | 8 | 734 | 1,267 | 2,001 |
| Vision | \$88,356 | \$45,362 | \$47,401 | 17 | 1,376 | 2,358 | 3,734 |
| Disability Income | \$571,853 | \$143,959 | \$180,139 | 28 | 2,403 | 0 | 2,403 |
| TOTAL | \$836,991 | \$330,212 | \$313,645 | 53 | 4,513 | 3,625 | 8,138 |

EVERENCE ASSOCIATION, INC.
NAIC Company Code 57991

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Supplement | \$827,338 | \$570,541 | \$0 | 0 | 271 | 21 | 292 |
| TOTAL | \$827,338 | \$570,541 | \$0 | 0 | 271 | 21 | 292 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| EVEREST REINSURANCE COMPANY NAIC Company Code 26921 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$1,604,002 | \$536,129 | \$1,604,002 | 0 | 550 | 266 | 816 |
| Medicare Supplement | \$167,508 | \$85,204 | \$167,508 | 0 | 62 | 0 | 62 |
| TOTAL | \$1,771,510 | \$621,333 | \$1,771,510 | 0 | 612 | 266 | 878 |

| FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY NAIC Company Code 35157 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$363,016 | \$369,544 | \$238,198 | 1 | 117 | 82 | 199 |
| TOTAL | \$363,016 | \$369,544 | \$238,198 | 1 | 117 | 82 | 199 |

| FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 77968 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,609,901 | \$904,694 | \$2,514,238 | 0 | 12,293 | 8,120 | 20,413 |
| Limited Benefit | \$5,734,686 | \$1,648,580 | \$1,888,309 | 0 | 15,499 | 11,595 | 27,094 |
| TOTAL | \$10,344,587 | \$2,553,274 | \$4,402,547 | 0 | 27,792 | 19,715 | 47,507 |

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| FAMILY LIFE INSURANCE COMPANY NAIC Company Code 63053 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$98,332 | \$5,446 | \$26,669 | 0 | 448 | 222 | 670 |
| Dental | \$1,170,324 | \$584,993 | \$349,137 | 0 | 2,672 | 150 | 2,822 |
| Disability Income | \$1,365,624 | \$368,192 | \$209,621 | 0 | 1,296 | 31 | 1,327 |
| Limited Benefit | \$3,963,207 | \$3,211,448 | \$110,333 | 0 | 4,009 | 2,108 | 6,117 |
| Long Term Care-Comprehensive | \$3,551 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| Medicare Supplement | \$373,167 | \$251,303 | \$345 | 0 | 97 | 1 | 98 |
| Misc. | \$50,577 | \$47,131 | \$0 | 0 | 44 | 22 | 66 |
| TOTAL | \$7,024,782 | \$4,468,513 | \$696,105 | 0 | 8,569 | 2,534 | 11,103 |

| FARMERS NEW WORLD LIFE INSURANCE COMPANY NAIC Company Code 63177 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$32,841 | \$0 | \$0 | 0 | 220 | 0 | 220 |
| Long Term Care-Comprehensive | \$61,909 | \$127,954 | \$0 | 0 | 50 | 0 | 50 |
| TOTAL | \$94,750 | \$127,954 | \$0 | 0 | 270 | 0 | 270 |

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| FEDERAL INSURANCE COMPANY NAIC Company Code 20281 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$5,175,869 | \$2,099,652 | \$178,605 | 365 | 752,995 | 6,570 | 759,565 |
| TOTAL | \$5,175,869 | \$2,099,652 | \$178,605 | 365 | 752,995 | 6,570 | 759,565 |

| FEDERAL LIFE INSURANCE COMPANY NAIC Company Code 63223 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$185 | \$0 | \$0 | 0 | 46 | 0 | 46 |
| Disability Income | \$9,171 | \$0 | \$0 | 0 | 24 | 0 | 24 |
| TOTAL | \$9,356 | \$0 | \$0 | 0 | 70 | 0 | 70 |

| FEDERATED LIFE INSURANCE COMPANY NAIC Company Code 63258 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$1,020,182 | \$898,180 | \$127,147 | 0 | 753 | 0 | 753 |
| TOTAL | \$1,020,182 | \$898,180 | \$127,147 | 0 | 753 | 0 | 753 |

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| FIDELITY & GUARANTY LIFE INSURANCE COMPANY NAIC Company Code 63274 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$0 | \$2,304 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$2,304 | \$0 | 0 | 0 | 0 | 0 |

| FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY NAIC Company Code 63290 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$3,201 | \$0 | \$0 | 1 | 35 | 0 | 35 |
| Long Term Care-Accelerated Benefit Rider | \$10,602 | \$357 | \$0 | 13 | 1,375 | 0 | 1,375 |
| TOTAL | \$13,803 | \$357 | \$0 | 14 | 1,410 | 0 | 1,410 |

| FIDELITY SECURITY LIFE INSURANCE COMPANY NAIC Company Code 71870 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$28,518 | \$5,358 | \$26,759 | 1 | 429 | 209 | 638 |
| Dental | \$4,628,158 | \$3,314,923 | \$1,642,901 | 2 | 1,171 | 3 | 1,174 |
| Prescription Drug | \$198,796 | \$36,736 | \$52,601 | 6 | 527 | 108 | 635 |
| Vision | \$35,907,505 | \$24,615,540 | \$5,212,991 | 696 | 309,013 | 260,884 | 569,897 |
| Disability Income | \$542,867 | \$186,257 | \$36,074 | 0 | 137 | 0 | 137 |
| Excess/Stop Loss | \$3,817,135 | \$1,752,849 | \$2,235,878 | 45 | 5,460 | 2,172 | 7,632 |
| Limited Benefit | \$4,666,816 | \$1,829,827 | \$2,564,309 | 199 | 7,892 | 8,891 | 16,783 |
| TOTAL | \$49,789,795 | \$31,741,490 | \$11,771,513 | 949 | 324,629 | 272,267 | 596,896 |

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FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY
NAIC Company Code 69140

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$-15 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$0 | \$585,315 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$-15 | \$585,315 | \$0 | 0 | 0 | 0 | 0 |

FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY
NAIC Company Code 90328

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$895,376 | \$473,853 | \$22,454 | 1 | 1,284 | 518 | 1,802 |
| Medicare Supplement | \$82,498 | \$82,385 | \$2,454 | 0 | 0 | 0 | 0 |
| Medicare Advantage (Medicare+Choice) | \$56,600 | \$49,482 | \$56,600 | 0 | 8 | 0 | 8 |
| Other | \$-5,297 | \$4,542 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$1,029,177 | \$610,262 | \$81,508 | 1 | 1,292 | 518 | 1,810 |

FLORIDA BLUE MEDICARE, INC.
NAIC Company Code 16490

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Advantage (Medicare+Choice) | \$942,839,140 | \$817,225,924 | \$942,839,140 | 0 | 83,457 | 0 | 83,457 |
| TOTAL | \$942,839,140 | \$817,225,924 | \$942,839,140 | 0 | 83,457 | 0 | 83,457 |

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| FLORIDA COMBINED LIFE INSURANCE COMPANY, INC NAIC Company Code 76031 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$122,098,191 | \$72,664,184 | \$38,540,834 | 2,170 | 248,196 | 146,265 | 394,461 |
| Disability Income | \$981,597 | \$2,123,517 | \$10,763 | 5 | 1,883 | 0 | 1,883 |
| Limited Benefit | \$92,898 | \$3,622 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$123,172,686 | \$74,791,323 | \$38,551,597 | 2,175 | 250,079 | 146,265 | 396,344 |

| FLORIDA DENTAL BENEFITS, INC. NAIC Company Code | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$6,501,325 | \$4,724,287 | \$217,980 | 24 | 11,845 | 174 | 12,019 |
| TOTAL | \$6,501,325 | \$4,724,287 | \$217,980 | 24 | 11,845 | 174 | 12,019 |

| FLORIDA HEALTH CARE PLAN, INC. NAIC Company Code 13567 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$252,468,461 | \$201,951,636 | \$59,035,787 | 0 | 22,013 | 8,842 | 30,855 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$14,602,649 | \$11,076,383 | \$2,589,347 | 0 | 1,447 | 672 | 2,119 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$17,729,885 | \$15,270,406 | \$1,559,877 | 368 | 2,589 | 942 | 3,531 |
| ACA Off Exchange 51-100 Member Groups | \$20,421,707 | \$14,611,672 | \$1,059,063 | 70 | 2,745 | 866 | 3,611 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$145,040,285 | \$127,688,659 | \$82,323 | 40 | 15,867 | 8,619 | 24,486 |

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| FLORIDA HEALTH CARE PLAN, INC. NAIC Company Code 13567 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$3,064,931 | \$2,616,930 | \$0 | 80 | 247 | 61 | 308 |
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$990,786 | \$550,005 | \$0 | 2 | 79 | 27 | 106 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$6,995,178 | \$6,862,820 | \$0 | 1 | 455 | 316 | 771 |
| Transitional (In-State and Out-of-State) Self-Employed or Sole Proprietor (FS 627.6699) | \$12,321 | \$3,341 | \$0 | 1 | 1 | 0 | 1 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$5,289,797 | \$4,655,781 | \$0 | 115 | 604 | 270 | 874 |
| Medicare Advantage (Medicare+Choice) | \$620,192 | \$-116,503 | \$0 | 0 | 0 | 0 | 0 |
| Other | \$0 | \$170,070,223 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$467,236,192 | \$555,241,353 | \$64,326,397 | 677 | 46,047 | 20,615 | 66,662 |

| FLORIDA PREVENTIVE SOLUTIONS CORP. NAIC Company Code | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$2,772,142 | \$1,662,281 | \$539,229 | 0 | 1,243 | 0 | 1,243 |
| TOTAL | \$2,772,142 | \$1,662,281 | \$539,229 | 0 | 1,243 | 0 | 1,243 |

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| FORETHOUGHT LIFE INSURANCE COMPANY NAIC Company Code 91642 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Accelerated Benefit Rider | \$3,869,067 | \$0 | \$0 | 0 | 1,871 | 481 | 2,352 |
| Medicare Supplement | \$553,558 | \$348,351 | \$0 | 0 | 164 | 0 | 164 |
| TOTAL | \$4,422,625 | \$348,351 | \$0 | 0 | 2,035 | 481 | 2,516 |

| FREEDOM HEALTH, INC. NAIC Company Code 10119 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$1,301,053,856 | \$1,074,870,311 | \$0 | 0 | 75,028 | 0 | 75,028 |
| TOTAL | \$1,301,053,856 | \$1,074,870,311 | \$0 | 0 | 75,028 | 0 | 75,028 |

| FREEDOM LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 62324 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$15 | \$405 | \$15 | 0 | 0 | 0 | 0 |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$445,565 | \$1,186,866 | \$0 | 0 | 23 | 14 | 37 |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$2,408,168 | \$33,305,451 | \$2,014,770 | 0 | 47 | 40 | 87 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$18,661,867 | \$6,598,504 | \$9,122,680 | 0 | 30,750 | 20,066 | 50,816 |
| Dental | \$7,395,510 | \$2,740,960 | \$3,785,146 | 0 | 11,422 | 7,081 | 18,503 |
| Vision | \$1,414,986 | \$430,784 | \$771,354 | 0 | 9,316 | 5,420 | 14,736 |

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| FREEDOM LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 62324 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$113,916,926 | \$27,611,202 | \$56,529,855 | 0 | 73,239 | 45,831 | 119,070 |
| TOTAL | \$144,243,037 | \$71,874,172 | \$72,223,820 | 0 | 124,797 | 78,452 | 203,249 |

| GARDEN STATE LIFE INSURANCE COMPANY NAIC Company Code 63657 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,974 | \$0 | \$0 | 1 | 10 | 0 | 10 |
| Medicare Supplement | \$1,586 | \$2,105 | \$1,586 | 0 | 2 | 0 | 2 |
| TOTAL | \$3,560 | \$2,105 | \$1,586 | 1 | 12 | 0 | 12 |

| GENESIS INSURANCE COMPANY NAIC Company Code 38962 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$82,186 | \$335,519 | \$0 | 0 | 58 | 0 | 58 |
| TOTAL | \$82,186 | \$335,519 | \$0 | 0 | 58 | 0 | 58 |

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| GENWORTH LIFE AND ANNUITY INSURANCE COMPANY NAIC Company Code 65536 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$4,877 | \$6,000 | \$0 | 0 | 3 | 0 | 3 |
| Limited Benefit | \$418 | \$1,781 | \$0 | 0 | 2 | 0 | 2 |
| Long Term Care-Comprehensive | \$9,030 | \$0 | \$0 | 0 | 6 | 1 | 7 |
| Medicare Supplement | \$2,851,579 | \$2,046,898 | \$0 | 0 | 922 | 0 | 922 |
| TOTAL | \$2,865,904 | \$2,054,679 | \$0 | 0 | 933 | 1 | 934 |

| GENWORTH LIFE INSURANCE COMPANY NAIC Company Code 70025 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$157,902,730 | \$182,807,786 | \$43,484 | 214 | 63,061 | 8,041 | 71,102 |
| Long Term Care-Facility Only | \$631,053 | \$3,040,316 | \$0 | 1 | 472 | 0 | 472 |
| Long Term Care-Non-Facility Only | \$9,581 | \$-3,023 | \$0 | 0 | 34 | 0 | 34 |
| Long Term Care-Accelerated Benefit Rider | \$0 | \$144,984 | \$0 | 0 | 574 | 0 | 574 |
| Medicare Supplement | \$50,872 | \$19,469 | \$0 | 0 | 10 | 0 | 10 |
| TOTAL | \$158,594,236 | \$186,009,532 | \$43,484 | 215 | 64,151 | 8,041 | 72,192 |

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| GENWORTH LIFE INSURANCE COMPANY OF NEW YORK NAIC Company Code 72990 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$12,853,772 | \$35,680,569 | \$93 | 14 | 4,890 | 389 | 5,279 |
| Long Term Care-Facility Only | \$6,852 | \$32,523 | \$0 | 1 | 7 | 0 | 7 |
| TOTAL | \$12,860,624 | \$35,713,092 | \$93 | 15 | 4,897 | 389 | 5,286 |

| GERBER LIFE INSURANCE COMPANY NAIC Company Code 70939 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,985,812 | \$1,592,419 | \$0 | 468 | 434,358 | 1,391 | 435,749 |
| Excess/Stop Loss | \$9,263,597 | \$6,158,159 | \$0 | 175 | 13,469 | 26,938 | 40,407 |
| Limited Benefit | \$421 | \$0 | \$0 | 0 | 21 | 0 | 21 |
| Long Term Care-Non-Facility Only | \$5,070 | \$10,025 | \$0 | 0 | 3 | 0 | 3 |
| Medicare Supplement | \$10,906,622 | \$7,371,471 | \$0 | 0 | 3,504 | 0 | 3,504 |
| TOTAL | \$24,161,522 | \$15,132,074 | \$0 | 643 | 451,355 | 28,329 | 479,684 |

| GLEANER LIFE INSURANCE SOCIETY NAIC Company Code 56154 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$0 | \$0 | 0 | 103 | 0 | 103 |
| Disability Income | \$28 | \$8,072 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$28 | \$8,072 | \$0 | 0 | 104 | 0 | 104 |

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| GLOBE LIFE AND ACCIDENT INSURANCE COMPANY | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 91472 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$25,640 | \$36,632 | \$0 | 0 | 12 | 1 | 13 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,131,191 | \$949,525 | \$188,875 | 0 | 13,958 | 10 | 13,968 |
| Limited Benefit | \$7,751 | \$4,355 | \$0 | 0 | 94 | 45 | 139 |
| Medicare Supplement | \$265,565 | \$137,281 | \$21,953 | 0 | 85 | 0 | 85 |
| TOTAL | \$2,430,147 | \$1,127,793 | \$210,828 | 0 | 14,149 | 56 | 14,205 |

| GOLDEN RULE INSURANCE COMPANY | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 62286 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$617,662 | \$1,048,707 | \$0 | 0 | 26 | 5 | 31 |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$59,786,618 | \$40,330,798 | \$0 | 0 | 5,173 | 4,840 | 10,013 |
| Grandfathered (In-State and Out-of-State) Conversion | \$4,726 | \$292 | \$0 | 0 | 1 | 0 | 1 |
| Transitional (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$461,611 | \$412,071 | \$0 | 0 | 23 | 1 | 24 |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$77,216,219 | \$66,032,799 | \$0 | 0 | 8,697 | 7,986 | 16,683 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,466,430 | \$975,917 | \$2,603,383 | 10,923 | 10,923 | 6,884 | 17,807 |
| Dental | \$14,362,319 | \$7,333,023 | \$5,611,535 | 26,776 | 26,776 | 13,454 | 40,230 |
| Vision | \$2,229,255 | \$1,271,160 | \$1,124,286 | 14,706 | 14,706 | 6,886 | 21,592 |
| Disability Income | \$31,025 | \$0 | \$0 | 35 | 35 | 0 | 35 |

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| GOLDEN RULE INSURANCE COMPANY NAIC Company Code 62286 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$18,597,197 | \$9,056,440 | \$8,653,864 | 14,872 | 14,872 | 5,229 | 20,101 |
| Short Term Care | \$124,616,572 | \$61,534,955 | \$124,616,571 | 32,009 | 32,009 | 20,978 | 52,987 |
| Medicare Supplement | \$945,048 | \$816,573 | \$0 | 324 | 324 | 0 | 324 |
| TOTAL | \$303,334,682 | \$188,812,735 | \$142,609,639 | 99,645 | 113,565 | 66,263 | 179,828 |

| GOVERNMENT EMPLOYEES INSURANCE COMPANY NAIC Company Code 22063 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,317 | \$364 | \$0 | 0 | 27 | 0 | 27 |
| TOTAL | \$2,317 | \$364 | \$0 | 0 | 27 | 0 | 27 |

| GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY NAIC Company Code 63967 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$827,271 | \$657,923 | \$0 | 0 | 230 | 0 | 230 |
| TOTAL | \$827,271 | \$657,923 | \$0 | 0 | 230 | 0 | 230 |

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| GPM HEALTH AND LIFE INSURANCE COMPANY NAIC Company Code 67059 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$282,859 | \$314,133 | \$21,198 | 0 | 244 | 0 | 244 |
| TOTAL | \$282,859 | \$314,133 | \$21,198 | 0 | 244 | 0 | 244 |

| GREAT AMERICAN INSURANCE COMPANY NAIC Company Code 16691 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$402,591 | \$365,412 | \$106,642 | 0 | 102,575 | 0 | 102,575 |
| TOTAL | \$402,591 | \$365,412 | \$106,642 | 0 | 102,575 | 0 | 102,575 |

| GREAT AMERICAN LIFE INSURANCE COMPANY NAIC Company Code 63312 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$282 | \$-483 | \$0 | 0 | 4 | 0 | 4 |
| Disability Income | \$164 | \$-10,240 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$-84 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Long Term Care-Comprehensive | \$53,258 | \$483,952 | \$0 | 0 | 23 | 0 | 23 |
| Medicare Supplement | \$304,612 | \$213,502 | \$0 | 0 | 97 | 0 | 97 |
| TOTAL | \$358,232 | \$686,731 | \$0 | 0 | 124 | 0 | 124 |

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| GREAT AMERICAN SPIRIT INSURANCE COMPANY NAIC Company Code 33723 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$28,150 | \$1,719 | \$0 | 0 | 135 | 0 | 135 |
| TOTAL | \$28,150 | \$1,719 | \$0 | 0 | 135 | 0 | 135 |

| GREAT MIDWEST INSURANCE COMPANY NAIC Company Code 18694 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$4,676,044 | \$2,232,310 | \$0 | 15 | 2,172 | 1,275 | 3,447 |
| TOTAL | \$4,676,044 | \$2,232,310 | \$0 | 15 | 2,172 | 1,275 | 3,447 |

| GREAT SOUTHERN LIFE INSURANCE COMPANY NAIC Company Code 90212 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$117,756 | \$0 | \$0 | 0 | 63 | 0 | 63 |
| Medicare Supplement | \$600,020 | \$379,904 | \$401,238 | 0 | 385 | 0 | 385 |
| TOTAL | \$717,776 | \$379,904 | \$401,238 | 0 | 448 | 0 | 448 |

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| GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY NAIC Company Code 68322 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$5,313,151 | \$2,811,506 | \$0 | 2 | 1,201 | 0 | 1,201 |
| Limited Benefit | \$208,153 | \$60,895 | \$0 | 3 | 252 | 143 | 395 |
| TOTAL | \$5,521,304 | \$2,872,401 | \$0 | 5 | 1,453 | 143 | 1,596 |

| GREENWICH INSURANCE COMPANY NAIC Company Code 22322 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$1,361,607 | \$288,055 | \$0 | 5 | 669 | 1,606 | 2,275 |
| TOTAL | \$1,361,607 | \$288,055 | \$0 | 5 | 669 | 1,606 | 2,275 |

| GUARANTEE TRUST LIFE INSURANCE COMPANY NAIC Company Code 64211 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$513,732 | \$-5,838 | \$4,891 | 31 | 12,388 | 858 | 13,246 |
| Dental | \$76 | \$0 | \$111 | 0 | 1 | 0 | 1 |
| Disability Income | \$1,447 | \$0 | \$0 | 0 | 19 | 0 | 19 |
| Limited Benefit | \$3,338,218 | \$1,155,258 | \$485,871 | 0 | 6,143 | 123 | 6,266 |
| Long Term Care-Comprehensive | \$173,129 | \$192,187 | \$3,118 | 0 | 111 | 3 | 114 |
| Short Term Care | \$39,777 | \$49,961 | \$4,593 | 0 | 58 | 0 | 58 |
| Medicare Supplement | \$428,686 | \$238,210 | \$4,838 | 0 | 133 | 0 | 133 |

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| GUARANTEE TRUST LIFE INSURANCE COMPANY NAIC Company Code 64211 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Other | \$400,574 | \$175,577 | \$131,522 | 0 | 111 | 1 | 112 |
| TOTAL | \$4,895,639 | \$1,805,355 | \$634,944 | 31 | 18,964 | 985 | 19,949 |

| GUARANTY INCOME LIFE INSURANCE COMPANY NAIC Company Code 64238 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$202,209 | \$230,062 | \$11,481 | 0 | 164 | 0 | 164 |
| TOTAL | \$202,209 | \$230,062 | \$11,481 | 0 | 164 | 0 | 164 |

| GUARDIAN LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 64246 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$5,378 | \$-85,222 | \$0 | 0 | 12 | 5 | 17 |
| Grandfathered (In-State and Out-of-State) Conversion | \$9,884 | \$-7,421 | \$0 | 0 | 3 | 0 | 3 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$15,833,517 | \$32,183,373 | \$2,739,173 | 4,086 | 261,159 | 235,064 | 496,223 |
| Dental | \$205,690,461 | \$133,282,593 | \$26,931,414 | 7,287 | 367,485 | 318,623 | 686,108 |
| Vision | \$16,359,306 | \$8,703,993 | \$3,127,000 | 4,609 | 144,056 | 129,650 | 273,706 |
| Disability Income | \$48,185,518 | \$27,415,097 | \$8,020,326 | 3,950 | 162,768 | 0 | 162,768 |
| Excess/Stop Loss | \$-930 | \$130,930 | \$0 | 0 | 0 | 0 | 0 |

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GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NAIC Company Code 64246

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Limited Benefit | \$7,739,467 | \$1,973,276 | \$3,109,307 | 835 | 26,579 | 23,921 | 50,500 |
| TOTAL | \$293,822,601 | \$203,596,619 | \$43,927,220 | 20,767 | 962,062 | 707,263 | 1,669,325 |

GUGGENHEIM LIFE AND ANNUITY COMPANY
NAIC Company Code 83607

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$0 | \$7,430 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$7,430 | \$0 | 0 | 0 | 0 | 0 |

GULF GUARANTY LIFE INSURANCE COMPANY
NAIC Company Code 77976

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Misc. | \$45,199 | \$0 | \$45,199 | 2 | 95 | 76 | 171 |
| TOTAL | \$45,199 | \$0 | \$45,199 | 2 | 95 | 76 | 171 |

HARLEYSVILLE LIFE INSURANCE COMPANY
NAIC Company Code 64327

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$143 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$143 | \$0 | \$0 | 0 | 1 | 0 | 1 |

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| HARTFORD FIRE INSURANCE COMPANY NAIC Company Code 19682 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$642,660 | \$210,703 | \$252,441 | 997 | 136,224 | 0 | 136,224 |
| TOTAL | \$642,660 | \$210,703 | \$252,441 | 997 | 136,224 | 0 | 136,224 |

| HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY NAIC Company Code 70815 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$7,692,936 | \$5,537,091 | \$1,885,989 | 1,547 | 306,042 | 90,338 | 396,380 |
| Disability Income | \$129,883,100 | \$136,194,274 | \$43,650,696 | 937 | 449,822 | 0 | 449,822 |
| Excess/Stop Loss | \$2,924 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$7,891,557 | \$3,870,295 | \$517,933 | 62 | 23,245 | 545 | 23,790 |
| Medicare Supplement | \$1,643,599 | \$1,143,388 | \$264,468 | 148 | 572 | 1,025 | 1,597 |
| Other | \$5,311,646 | \$2,184,133 | \$731,490 | 133 | 237,056 | 44,295 | 281,351 |
| TOTAL | \$152,425,762 | \$148,929,181 | \$47,050,576 | 2,827 | 1,016,737 | 136,203 | 1,152,940 |

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List of Companies and all Health Business**

| HCC LIFE INSURANCE COMPANY NAIC Company Code 92711 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$-252,661 | \$-133,099 | \$0 | 0 | 0 | 0 | 0 |
| Excess/Stop Loss | \$31,318,702 | \$24,113,621 | \$9,147,962 | 70 | 78,109 | 174,823 | 252,932 |
| Limited Benefit | \$595,616 | \$128,515 | \$136,725 | 20 | 4,141 | 9,276 | 13,417 |
| Other | \$0 | \$-3,860 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$31,661,657 | \$24,105,177 | \$9,284,687 | 90 | 82,250 | 184,099 | 266,349 |

| HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY NAIC Company Code 70670 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$873,802 | \$1,486,007 | \$0 | 0 | 162 | 89 | 251 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$162,255,857 | \$149,643,819 | \$0 | 3,406 | 16,909 | 13,564 | 30,473 |
| Administrative Services Only (ASO) | \$38,326,260 | \$0 | \$0 | 125 | 2,635 | 138,186 | 140,821 |
| Dental | \$2,846,859 | \$1,653,749 | \$0 | 827 | 4,501 | 3,297 | 7,798 |
| Excess/Stop Loss | \$475,573 | \$540,872 | \$0 | 1 | 910 | 949 | 1,859 |
| Medicare Supplement | \$12,862,184 | \$13,526,116 | \$0 | 0 | 5,672 | 0 | 5,672 |
| Other | \$0 | \$179,153 | \$0 | 11 | 92 | 1 | 93 |
| TOTAL | \$217,640,535 | \$167,029,716 | \$0 | 4,370 | 30,881 | 156,086 | 186,967 |

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| HEALTH FIRST COMMERCIAL PLANS, INC. NAIC Company Code 16272 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$122,914,052 | \$96,794,615 | \$53,390,438 | 0 | 10,773 | 4,951 | 15,724 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$14,817,603 | \$12,622,259 | \$2,810,806 | 0 | 1,305 | 701 | 2,006 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$44,556,027 | \$36,251,655 | \$2,218,659 | 694 | 4,669 | 2,481 | 7,150 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$17,122,364 | \$15,118,994 | \$0 | 287 | 1,898 | 1,022 | 2,920 |
| Transitional (In-State and Out-of-State) 51-100 Member Groups | \$23,120,518 | \$18,129,858 | \$2,474,045 | 80 | 3,425 | 1,393 | 4,818 |
| Transitional (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$33,063,926 | \$29,333,381 | \$0 | 12 | 2,743 | 2,347 | 5,090 |
| TOTAL | \$255,594,490 | \$208,250,762 | \$60,893,948 | 1,073 | 24,813 | 12,895 | 37,708 |

| HEALTH FIRST HEALTH PLANS, INC NAIC Company Code 15880 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$470,434,309 | \$382,381,084 | \$30,471,443 | 94 | 38,184 | 0 | 38,184 |
| TOTAL | \$470,434,309 | \$382,381,084 | \$30,471,443 | 94 | 38,184 | 0 | 38,184 |

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| HEALTH FIRST INSURANCE, INC. NAIC Company Code 14140 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$0 | \$-45 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$-531 | \$-1,660 | \$0 | 0 | 0 | 0 | 0 |
| Transitional (In-State and Out-of-State) 51-100 Member Groups | \$0 | \$-39 | \$0 | 0 | 0 | 0 | 0 |
| Medicare Supplement | \$64,867 | \$61,013 | \$0 | 0 | 23 | 0 | 23 |
| TOTAL | \$64,336 | \$59,269 | \$0 | 0 | 23 | 0 | 23 |

| HEALTH OPTIONS, INC. NAIC Company Code 95089 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$3,770,224,052 | \$2,828,983,073 | \$1,388,375,300 | 0 | 350,229 | 157,079 | 507,308 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$96,567,935 | \$78,752,935 | \$16,604,030 | 0 | 8,985 | 4,452 | 13,437 |
| ACA Off Exchange Self-Employed or Sole Proprietor (FS 627.6699) | \$118,290 | \$54,085 | \$15,814 | 6 | 13 | 10 | 23 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$319,639,382 | \$254,246,100 | \$101,091,272 | 7,898 | 51,255 | 21,895 | 73,150 |
| ACA Off Exchange 51-100 Member Groups | \$269,917,427 | \$199,569,442 | \$25,768,647 | 1,396 | 32,946 | 13,887 | 46,833 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$613,918,988 | \$474,139,038 | \$50,615,086 | 1,217 | 73,519 | 31,120 | 104,639 |
| Grandfathered (In-State and Out-of-State) Self-Employed or Sole Proprietor (FS 627.6699) | \$42,687 | \$577,854 | \$0 | 3 | 3 | 3 | 6 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$6,533,979 | \$3,620,501 | \$0 | 106 | 448 | 287 | 735 |

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| HEALTH OPTIONS, INC. NAIC Company Code 95089 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$791,304 | \$613,190 | \$0 | 3 | 50 | 46 | 96 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$23,261,967 | \$15,352,102 | \$0 | 5 | 1,679 | 1,482 | 3,161 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$56,241,414 | \$38,526,590 | \$0 | 828 | 5,722 | 3,006 | 8,728 |
| Administrative Services Only (ASO) | \$26,388,696 | \$0 | \$1,509,830 | 95 | 42,129 | 26,926 | 69,055 |
| Medicare Advantage (Medicare+Choice) | \$639,580 | \$-40,372 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$5,184,285,701 | \$3,894,394,538 | \$1,583,979,979 | 11,557 | 566,978 | 260,193 | 827,171 |

| HEALTHPLEX DENTAL SERVICES, INC. NAIC Company Code | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$70,862 | \$50,801 | \$0 | 0 | 288 | 45 | 333 |
| TOTAL | \$70,862 | \$50,801 | \$0 | 0 | 288 | 45 | 333 |

| HEALTHSPRING OF FLORIDA, INC NAIC Company Code 11532 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$986,667,454 | \$852,726,025 | \$157,866,793 | 0 | 57,604 | 0 | 57,604 |
| TOTAL | \$986,667,454 | \$852,726,025 | \$157,866,793 | 0 | 57,604 | 0 | 57,604 |

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| HEALTHSUN HEALTH PLANS, INC. NAIC Company Code 10122 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$1,191,619,466 | \$1,031,653,238 | \$0 | 0 | 53,603 | 0 | 53,603 |
| TOTAL | \$1,191,619,466 | \$1,031,653,238 | \$0 | 0 | 53,603 | 0 | 53,603 |

| HEARTLAND NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 66214 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$2,613,198 | \$553,633 | \$379,925 | 0 | 4,305 | 0 | 4,305 |
| Medicare Supplement | \$37,004 | \$37,936 | \$0 | 0 | 50 | 0 | 50 |
| TOTAL | \$2,650,202 | \$591,569 | \$379,925 | 0 | 4,355 | 0 | 4,355 |

| HM LIFE INSURANCE COMPANY NAIC Company Code 93440 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Vision | \$9,872,156 | \$6,950,473 | \$0 | 106 | 82,302 | 141,147 | 223,449 |
| Excess/Stop Loss | \$12,050,527 | \$8,833,962 | \$0 | 13 | 45,014 | 90,028 | 135,042 |
| TOTAL | \$21,922,683 | \$15,784,435 | \$0 | 119 | 127,316 | 231,175 | 358,491 |

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| HORACE MANN LIFE INSURANCE COMPANY NAIC Company Code 64513 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$516 | \$-27 | \$0 | 0 | 11 | 0 | 11 |
| Disability Income | \$67,763 | \$8,986 | \$672 | 5 | 128 | 0 | 128 |
| Limited Benefit | \$0 | \$0 | \$0 | 0 | 4 | 2 | 6 |
| TOTAL | \$68,279 | \$8,959 | \$672 | 5 | 143 | 2 | 145 |

| HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. NAIC Company Code 69671 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$0 | \$-36,331 | \$0 | 0 | 0 | 0 | 0 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$7,443,839 | \$4,745,210 | \$0 | 206 | 668 | 399 | 1,067 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$655,497 | \$519,477 | \$0 | 18 | 35 | 9 | 44 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$7,363,355 | \$7,423,880 | \$0 | 35 | 409 | 232 | 641 |
| Excess/Stop Loss | \$88,172,432 | \$91,133,444 | \$0 | 11,091 | 67,916 | 0 | 67,916 |
| Medicare Supplement | \$11,259,485 | \$7,743,571 | \$0 | 0 | 4,928 | 0 | 4,928 |
| Medicare Advantage (Medicare+Choice) | \$30,570,536 | \$28,456,798 | \$0 | 0 | 2,146 | 0 | 2,146 |
| TOTAL | \$145,465,144 | \$139,986,049 | \$0 | 11,350 | 76,102 | 640 | 76,742 |

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| HUMANA INSURANCE COMPANY NAIC Company Code 73288 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$0 | \$-3,122 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$-3,122 | \$0 | 0 | 0 | 0 | 0 |

| HUMANA MEDICAL PLAN, INC. NAIC Company Code 95270 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$-66,007 | \$20,037,773 | \$0 | 0 | 0 | 0 | 0 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$169,235,865 | \$144,636,111 | \$0 | 3,336 | 15,636 | 7,710 | 23,346 |
| ACA Off Exchange 51-100 Member Groups | \$1,856,144 | \$4,316,332 | \$0 | 2 | 131 | 58 | 189 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$33,228,080 | \$28,125,216 | \$0 | 655 | 3,441 | 1,360 | 4,801 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$600,451,120 | \$575,627,807 | \$0 | 787 | 75,303 | 26,755 | 102,058 |
| Medicare Advantage (Medicare+Choice) | \$6,360,905,541 | \$5,205,939,218 | \$144,777,448 | 24 | 389,677 | 0 | 389,677 |
| Misc. | \$3,035,907,600 | \$2,607,123,826 | \$374,803,821 | 1 | 596,045 | 1,458 | 597,503 |
| TOTAL | \$10,201,518,343 | \$8,585,806,283 | \$519,581,269 | 4,805 | 1,080,233 | 37,341 | 1,117,574 |

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| HUMANADENTAL INSURANCE COMPANY NAIC Company Code 70580 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Administrative Services Only (ASO) | \$507,052 | \$0 | \$0 | 6 | 10,659 | 10,938 | 21,597 |
| Limited Benefit | \$10,624 | \$3,140 | \$1,006 | 0 | 46 | 0 | 46 |
| Medicare Supplement | \$79,826 | \$46,535 | \$0 | 0 | 31 | 0 | 31 |
| TOTAL | \$597,502 | \$49,675 | \$1,006 | 6 | 10,736 | 10,938 | 21,674 |

| IA AMERICAN LIFE INSURANCE COMPANY NAIC Company Code 91693 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$27 | \$147 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$1,332 | \$7,190 | \$0 | 0 | 28 | 0 | 28 |
| TOTAL | \$1,359 | \$7,337 | \$0 | 0 | 29 | 0 | 29 |

| IDEALIFE INSURANCE COMPANY NAIC Company Code 97764 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$179,744 | \$118,761 | \$0 | 0 | 38 | 0 | 38 |
| TOTAL | \$179,744 | \$118,761 | \$0 | 0 | 38 | 0 | 38 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| ILLINOIS MUTUAL LIFE INSURANCE COMPANY NAIC Company Code 64580 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$0 | \$3,174,729 | \$0 | 0 | 5 | 1 | 6 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$33,623 | \$15,768 | \$711 | 0 | 120 | 50 | 170 |
| Disability Income | \$2,909,684 | \$406,061 | \$43,770 | 0 | 3,202 | 0 | 3,202 |
| Limited Benefit | \$113,432 | \$-122 | \$0 | 0 | 2 | 2 | 4 |
| TOTAL | \$3,056,739 | \$3,596,436 | \$44,481 | 0 | 3,329 | 53 | 3,382 |

| INDEPENDENCE AMERICAN INSURANCE COMPANY NAIC Company Code 26581 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$177,969 | \$31,821 | \$0 | 0 | 899 | 397 | 1,296 |
| Dental | \$1,733,959 | \$221,381 | \$0 | 0 | 0 | 0 | 0 |
| Prescription Drug | \$0 | \$0 | \$0 | 0 | 6,183 | 1,165 | 7,348 |
| Vision | \$4,372 | \$3,825 | \$0 | 0 | 61 | 31 | 92 |
| Limited Benefit | \$2,138,796 | \$483,835 | \$0 | 7 | 804 | 259 | 1,063 |
| Other | \$5,529,448 | \$2,010,639 | \$0 | 0 | 1,778 | 666 | 2,444 |
| TOTAL | \$9,584,544 | \$2,751,501 | \$0 | 7 | 9,725 | 2,518 | 12,243 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| INDEPENDENCE LIFE AND ANNUITY COMPANY NAIC Company Code 64602 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$164,426 | \$0 | \$164,426 | 1 | 205 | 234 | 439 |
| TOTAL | \$164,426 | \$0 | \$164,426 | 1 | 205 | 234 | 439 |

| INDEPENDENT ORDER OF FORESTERS NAIC Company Code 58068 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$495,081 | \$31,881 | \$0 | 0 | 2,613 | 0 | 2,613 |
| Disability Income | \$746 | \$9,400 | \$0 | 0 | 9 | 0 | 9 |
| TOTAL | \$495,827 | \$41,281 | \$0 | 0 | 2,622 | 0 | 2,622 |

| INSURANCE COMPANY OF NORTH AMERICA NAIC Company Code 22713 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$295,296 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$295,296 | \$0 | 0 | 0 | 0 | 0 |

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| INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA NAIC Company Code 19429 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$314 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$314 | \$0 | 0 | 0 | 0 | 0 |

| INTEGON INDEMNITY CORPORATION NAIC Company Code 22772 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$10,058,812 | \$1,524,517 | \$6,923,929 | 32,734 | 32,734 | 15,628 | 48,362 |
| Dental | \$2,942,241 | \$673,003 | \$1,437,093 | 5,319 | 5,319 | 1,774 | 7,093 |
| Excess/Stop Loss | \$4,385,378 | \$2,666,089 | \$2,069,618 | 164 | 1,973 | 1,037 | 3,010 |
| Limited Benefit | \$3,903,945 | \$721,289 | \$2,019,278 | 12,109 | 12,109 | 5,679 | 17,788 |
| Other | \$6,806,802 | \$2,455,169 | \$6,806,802 | 715 | 715 | 350 | 1,065 |
| TOTAL | \$28,097,178 | \$8,040,067 | \$19,256,720 | 51,041 | 52,850 | 24,468 | 77,318 |

| INTRAMERICA LIFE INSURANCE COMPANY NAIC Company Code 64831 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$112 | \$-443 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$112 | \$-443 | \$0 | 0 | 2 | 0 | 2 |

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INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA
NAIC Company Code 63487

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$34 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$0 | \$-4,242 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$127 | \$-22 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$161 | \$-4,264 | \$0 | 0 | 3 | 0 | 3 |

JACKSON NATIONAL LIFE INSURANCE COMPANY
NAIC Company Code 65056

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,558 | \$0 | \$0 | 0 | 30 | 0 | 30 |
| Disability Income | \$479,934 | \$8,860,868 | \$0 | 0 | 570 | 0 | 570 |
| Limited Benefit | \$207,050 | \$40,338 | \$0 | 0 | 987 | 0 | 987 |
| Long Term Care-Comprehensive | \$878,931 | \$2,846,835 | \$0 | 0 | 483 | 0 | 483 |
| TOTAL | \$1,570,473 | \$11,748,041 | \$0 | 0 | 2,070 | 0 | 2,070 |

JEFFERSON NATIONAL LIFE INSURANCE COMPANY
NAIC Company Code 64017

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$11,442 | \$215,917 | \$0 | 0 | 10 | 0 | 10 |
| Limited Benefit | \$1,880 | \$12,492 | \$0 | 0 | 10 | 0 | 10 |
| TOTAL | \$13,322 | \$228,409 | \$0 | 0 | 20 | 0 | 20 |

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| JOHN ALDEN LIFE INSURANCE COMPANY NAIC Company Code 65080 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,228 | \$15,440 | \$0 | 0 | 9 | 0 | 9 |
| Dental | \$1,598 | \$4,142 | \$0 | 0 | 4 | 0 | 4 |
| Disability Income | \$39,091 | \$43,524 | \$0 | 0 | 57 | 0 | 57 |
| Limited Benefit | \$11,030 | \$0 | \$0 | 472 | 21 | 0 | 21 |
| Long Term Care-Comprehensive | \$408,465 | \$1,632,740 | \$0 | 0 | 217 | 79 | 296 |
| Long Term Care-Facility Only | \$26,073 | \$-138,619 | \$0 | 0 | 17 | 7 | 24 |
| Medicare Supplement | \$197,266 | \$164,353 | \$0 | 0 | 61 | 0 | 61 |
| TOTAL | \$684,751 | \$1,721,580 | \$0 | 472 | 386 | 86 | 472 |

| JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY NAIC Company Code 93610 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$11,040,772 | \$17,885,949 | \$0 | 145 | 4,094 | 0 | 4,094 |
| TOTAL | \$11,040,772 | \$17,885,949 | \$0 | 145 | 4,094 | 0 | 4,094 |

| JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A. NAIC Company Code 65838 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$249,955 | \$2,133,518 | \$0 | 0 | 152 | 0 | 152 |
| Long Term Care-Comprehensive | \$114,698,297 | \$131,651,401 | \$0 | 435 | 56,828 | 0 | 56,828 |
| TOTAL | \$114,948,252 | \$133,784,919 | \$0 | 435 | 56,980 | 0 | 56,980 |

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| KANSAS CITY LIFE INSURANCE COMPANY NAIC Company Code 65129 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$1,286 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Dental | \$74,320 | \$22,429 | \$0 | 10 | 92 | 59 | 151 |
| Vision | \$1,981 | \$0 | \$0 | 1 | 6 | 9 | 15 |
| Disability Income | \$116,272 | \$168,953 | \$0 | 27 | 363 | 0 | 363 |
| Limited Benefit | \$8,955 | \$9,679 | \$0 | 1 | 25 | 0 | 25 |
| TOTAL | \$202,814 | \$201,061 | \$0 | 39 | 487 | 68 | 555 |

| KNIGHTS OF COLUMBUS NAIC Company Code 58033 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$194,786 | \$55,229 | \$9,702 | 0 | 261 | 0 | 261 |
| Limited Benefit | \$5,626 | \$3,939 | \$0 | 0 | 17 | 3 | 20 |
| Long Term Care-Comprehensive | \$2,891,527 | \$-259,369 | \$157,107 | 0 | 1,716 | 0 | 1,716 |
| Long Term Care-Facility Only | \$470,603 | \$-23,320 | \$23,103 | 0 | 467 | 0 | 467 |
| TOTAL | \$3,562,542 | \$-223,521 | \$189,912 | 0 | 2,461 | 3 | 2,464 |

| LAFAYETTE LIFE INSURANCE COMPANY NAIC Company Code 65242 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$9,370 | \$13,752 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$9,370 | \$13,752 | \$0 | 0 | 2 | 0 | 2 |

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| LAKEVIEW CENTER, INC. NAIC Company Code | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Administrative Services Only (ASO) | \$31,314,416 | \$0 | \$0 | 0 | 135,612 | 0 | 135,612 |
| TOTAL | \$31,314,416 | \$0 | \$0 | 0 | 135,612 | 0 | 135,612 |

| LIBERTY BANKERS LIFE INSURANCE COMPANY NAIC Company Code 68543 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,959 | \$24 | \$168 | 0 | 3 | 0 | 3 |
| Limited Benefit | \$7,269 | \$26 | \$1,214 | 0 | 3 | 0 | 3 |
| Medicare Supplement | \$61,159 | \$34,834 | \$0 | 0 | 5 | 0 | 5 |
| TOTAL | \$71,387 | \$34,884 | \$1,382 | 0 | 11 | 0 | 11 |

| LIBERTY DENTAL PLAN OF FLORIDA, INC. NAIC Company Code 13761 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$125,766,938 | \$81,094,838 | \$0 | 0 | 1,225,015 | 661 | 1,225,676 |
| TOTAL | \$125,766,938 | \$81,094,838 | \$0 | 0 | 1,225,015 | 661 | 1,225,676 |

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| LIBERTY INSURANCE UNDERWRITERS INC. NAIC Company Code 19917 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$340,530 | \$211,959 | \$0 | 0 | 108,955 | 0 | 108,955 |
| Excess/Stop Loss | \$1,111,311 | \$928,251 | \$0 | 0 | 673 | 497 | 1,170 |
| Limited Benefit | \$16,387 | \$1,010 | \$0 | 0 | 51 | 27 | 78 |
| TOTAL | \$1,468,228 | \$1,141,220 | \$0 | 0 | 109,679 | 524 | 110,203 |

| LIBERTY MUTUAL INSURANCE COMPANY NAIC Company Code 23043 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$0 | \$-8,985 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$-8,985 | \$0 | 0 | 0 | 0 | 0 |

| LIBERTY NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 65331 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,839,373 | \$1,119,553 | \$289,207 | 0 | 38,700 | 0 | 38,700 |
| Dental | \$4,036 | \$302 | \$6,640 | 0 | 21 | 0 | 21 |
| Vision | \$25,417 | \$10,698 | \$9,478 | 0 | 199 | 0 | 199 |
| Disability Income | \$657 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| Limited Benefit | \$12,151,581 | \$6,962,495 | \$611,233 | 0 | 35,156 | 5,178 | 40,334 |

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| LIBERTY NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 65331 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$380,808 | \$230,911 | \$0 | 0 | 244 | 0 | 244 |
| TOTAL | \$15,401,872 | \$8,323,959 | \$916,558 | 0 | 74,322 | 5,178 | 79,500 |

| LIFE INSURANCE COMPANY OF ALABAMA NAIC Company Code 65412 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$6,519 | \$0 | \$314 | 0 | 17 | 0 | 17 |
| Dental | \$10,382 | \$9,651 | \$2,308 | 0 | 22 | 18 | 40 |
| Disability Income | \$1,382 | \$0 | \$179 | 0 | 6 | 0 | 6 |
| Limited Benefit | \$270,841 | \$156,409 | \$6,947 | 0 | 381 | 286 | 667 |
| TOTAL | \$289,124 | \$166,060 | \$9,748 | 0 | 426 | 304 | 730 |

| LIFE INSURANCE COMPANY OF NORTH AMERICA NAIC Company Code 65498 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$16,714,617 | \$9,683,161 | \$0 | 1,965 | 491,036 | 0 | 491,036 |
| Disability Income | \$145,294,491 | \$127,469,805 | \$0 | 3,813 | 582,960 | 0 | 582,960 |
| Limited Benefit | \$11,281,145 | \$4,162,018 | \$0 | 1,316 | 44,261 | 0 | 44,261 |
| TOTAL | \$173,290,253 | \$141,314,984 | \$0 | 7,094 | 1,118,257 | 0 | 1,118,257 |

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| LIFE INSURANCE COMPANY OF THE SOUTHWEST NAIC Company Code 65528 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$211 | \$0 | \$0 | 0 | 4 | 0 | 4 |
| TOTAL | \$211 | \$0 | \$0 | 0 | 4 | 0 | 4 |

| LIFE OF THE SOUTH INSURANCE COMPANY NAIC Company Code 97691 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$24,833 | \$45,122 | \$24,833 | 0 | 83 | 83 | 166 |
| Limited Benefit | \$6,539 | \$94 | \$6,539 | 0 | 33 | 33 | 66 |
| TOTAL | \$31,372 | \$45,216 | \$31,372 | 0 | 116 | 116 | 232 |

| LIFESECURE INSURANCE COMPANY NAIC Company Code 77720 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$111,264 | \$139,144 | \$22,480 | 2 | 305 | 218 | 523 |
| Disability Income | \$97 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$243,328 | \$71,309 | \$49,454 | 0 | 528 | 93 | 621 |
| Long Term Care-Comprehensive | \$4,133,984 | \$1,191,232 | \$0 | 0 | 2,480 | 0 | 2,480 |
| TOTAL | \$4,488,673 | \$1,401,685 | \$71,934 | 2 | 3,314 | 311 | 3,625 |

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| LIFESHIELD NATIONAL INSURANCE CO. NAIC Company Code 99724 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$48,149 | \$0 | \$42,776 | 2 | 1,784 | 1,839 | 3,623 |
| Limited Benefit | \$433,407 | \$40,980 | \$298,105 | 2 | 2,064 | 2,819 | 4,883 |
| Short Term Care | \$6,860,980 | \$414,924 | \$2,981,390 | 2 | 3,821 | 5,932 | 9,753 |
| TOTAL | \$7,342,536 | \$455,904 | \$3,322,271 | 6 | 7,669 | 10,590 | 18,259 |

| LINCOLN BENEFIT LIFE COMPANY NAIC Company Code 65595 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$3,204,039 | \$12,654,992 | \$0 | 0 | 1,939 | 790 | 2,729 |
| Long Term Care-Facility Only | \$105,755 | \$403,439 | \$0 | 0 | 64 | 23 | 87 |
| Long Term Care-Non-Facility Only | \$715,497 | \$2,337,162 | \$0 | 0 | 433 | 71 | 504 |
| TOTAL | \$4,025,291 | \$15,395,593 | \$0 | 0 | 2,436 | 884 | 3,320 |

| LINCOLN HERITAGE LIFE INSURANCE COMPANY NAIC Company Code 65927 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$922 | \$0 | \$0 | 0 | 7 | 0 | 7 |
| Medicare Supplement | \$275,229 | \$215,371 | \$0 | 0 | 93 | 0 | 93 |
| TOTAL | \$276,151 | \$215,371 | \$0 | 0 | 100 | 0 | 100 |

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LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK
NAIC Company Code 62057

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$6,632 | \$4,449 | \$4,439 | 0 | 180 | 0 | 180 |
| Dental | \$23,025 | \$139,339 | \$0 | 0 | 45 | 0 | 45 |
| Disability Income | \$277,234 | \$171,862 | \$62,723 | 1 | 117 | 0 | 117 |
| Limited Benefit | \$286 | \$0 | \$63 | 0 | 0 | 0 | 0 |
| TOTAL | \$307,177 | \$315,650 | \$67,225 | 1 | 342 | 0 | 342 |

LINCOLN LIFE ASSURANCE COMPANY OF BOSTON
NAIC Company Code 65315

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$123,249 | \$0 | \$0 | 3 | 736 | 1,009 | 1,745 |
| Disability Income | \$71,019,579 | \$69,066,531 | \$6,492,442 | 57 | 256,672 | 99 | 256,771 |
| Limited Benefit | \$19,061 | \$818 | \$0 | 0 | 89 | 206 | 295 |
| TOTAL | \$71,161,889 | \$69,067,349 | \$6,492,442 | 60 | 257,497 | 1,314 | 258,811 |

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LINCOLN NATIONAL LIFE INSURANCE COMPANY
NAIC Company Code 65676

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$5,334,598 | \$2,567,850 | \$981,855 | 1,282 | 261,117 | 0 | 261,117 |
| Dental | \$17,067,098 | \$12,064,079 | \$6,028,262 | 358 | 31,452 | 0 | 31,452 |
| Disability Income | \$65,249,100 | \$55,571,360 | \$6,669,359 | 1,879 | 253,584 | 0 | 253,584 |
| Limited Benefit | \$1,714,487 | \$68,444 | \$785,795 | 45 | 4,431 | 0 | 4,431 |
| Long Term Care-Comprehensive | \$92,319 | \$287,884 | \$0 | 0 | 85 | 0 | 85 |
| TOTAL | \$89,457,602 | \$70,559,617 | \$14,465,271 | 3,564 | 550,669 | 0 | 550,669 |

LONGEVITY HEALTH PLAN OF FLORIDA, INC.
NAIC Company Code 16567

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Advantage (Medicare+Choice) | \$11,093,372 | \$11,342,697 | \$0 | 0 | 365 | 0 | 365 |
| TOTAL | \$11,093,372 | \$11,342,697 | \$0 | 0 | 365 | 0 | 365 |

LOYAL AMERICAN LIFE INSURANCE COMPANY
NAIC Company Code 65722

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$1,948 | \$571 | \$0 | 0 | 64 | 0 | 64 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$519,786 | \$113,776 | \$244,967 | 0 | 1,733 | 592 | 2,325 |
| Disability Income | \$6,271 | \$-5,020 | \$0 | 0 | 10 | 0 | 10 |
| Limited Benefit | \$4,935,756 | \$2,179,081 | \$2,695,533 | 0 | 14,679 | 3,754 | 18,433 |

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| LOYAL AMERICAN LIFE INSURANCE COMPANY NAIC Company Code 65722 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$5,911 | \$111 | \$0 | 0 | 2 | 0 | 2 |
| Medicare Supplement | \$2,046,139 | \$1,130,235 | \$11,881 | 0 | 549 | 0 | 549 |
| TOTAL | \$7,515,811 | \$3,418,754 | \$2,952,381 | 0 | 17,037 | 4,346 | 21,383 |

| LUMICO LIFE INSURANCE COMPANY NAIC Company Code 73504 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$15,351 | \$0 | \$0 | 0 | 87 | 0 | 87 |
| Medicare Supplement | \$84,137 | \$57,932 | \$0 | 0 | 84 | 0 | 84 |
| TOTAL | \$99,488 | \$57,932 | \$0 | 0 | 171 | 0 | 171 |

| LYNDON SOUTHERN INSURANCE COMPANY NAIC Company Code 10051 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$123 | \$12 | \$123 | 0 | 8 | 0 | 8 |
| TOTAL | \$123 | \$12 | \$123 | 0 | 8 | 0 | 8 |

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MADISON NATIONAL LIFE INSURANCE COMPANY INC.
NAIC Company Code 65781

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$394,769 | \$87,042 | \$394,769 | 6 | 1,107 | 111 | 1,218 |
| Dental | \$210,518 | \$79,936 | \$210,518 | 1 | 331 | 171 | 502 |
| Vision | \$6,772 | \$1,288 | \$6,772 | 1 | 34 | 13 | 47 |
| Disability Income | \$1,453,987 | \$1,031,481 | \$1,453,987 | 24 | 6,716 | 0 | 6,716 |
| Limited Benefit | \$882,758 | \$257,779 | \$882,758 | 26 | 1,164 | 281 | 1,445 |
| TOTAL | \$2,948,804 | \$1,457,526 | \$2,948,804 | 58 | 9,352 | 576 | 9,928 |

MAGNA INSURANCE COMPANY
NAIC Company Code 61018

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Prescription Drug | \$6,621 | \$944 | \$6,621 | 23 | 23 | 0 | 23 |
| TOTAL | \$6,621 | \$944 | \$6,621 | 23 | 23 | 0 | 23 |

MANAGED CARE OF NORTH AMERICA, INC.
NAIC Company Code 52014

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$23,021 | \$14,703 | \$0 | 0 | 398 | 305 | 703 |
| TOTAL | \$23,021 | \$14,703 | \$0 | 0 | 398 | 305 | 703 |

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MANHATTAN LIFE INSURANCE COMPANY
NAIC Company Code 65870

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$630 | \$0 | \$0 | 0 | 2 | 4 | 6 |
| Disability Income | \$842,393 | \$334,149 | \$71,848 | 12 | 918 | 5 | 923 |
| Limited Benefit | \$103,345 | \$118,790 | \$626 | 0 | 301 | 59 | 360 |
| Medicare Supplement | \$825,924 | \$1,030,214 | \$3,422 | 0 | 455 | 1 | 456 |
| TOTAL | \$1,772,292 | \$1,483,153 | \$75,896 | 12 | 1,676 | 69 | 1,745 |

MANHATTAN NATIONAL LIFE INSURANCE COMPANY
NAIC Company Code 67083

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Limited Benefit | \$255 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Long Term Care-Comprehensive | \$73,343 | \$133,537 | \$0 | 0 | 136 | 0 | 136 |
| TOTAL | \$73,598 | \$133,537 | \$0 | 0 | 137 | 0 | 137 |

MANHATTANLIFE ASSURANCE COMPANY OF AMERICA
NAIC Company Code 61883

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$223 | \$0 | \$0 | 0 | 1 | 1 | 2 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$7,086 | \$0 | \$609 | 0 | 306 | 33 | 339 |
| Dental | \$195,037 | \$120,268 | \$11,567 | 0 | 408 | 0 | 408 |
| Disability Income | \$2,026,340 | \$37,023 | \$12,480 | 9 | 599 | 0 | 599 |

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MANHATTANLIFE ASSURANCE COMPANY OF AMERICA
NAIC Company Code 61883

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Limited Benefit | \$1,141,733 | \$647,115 | \$22,259 | 0 | 1,386 | 0 | 1,386 |
| Long Term Care-Comprehensive | \$5,855 | \$0 | \$0 | 0 | 6 | 1 | 7 |
| Medicare Supplement | \$3,969 | \$382 | \$151 | 0 | 2 | 5 | 7 |
| Misc. | \$0 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$3,380,243 | \$804,788 | \$47,066 | 9 | 2,710 | 40 | 2,750 |

MARKEL INSURANCE COMPANY
NAIC Company Code 38970

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,110,805 | \$208,141 | \$112,760 | 0 | 293,283 | 0 | 293,283 |
| TOTAL | \$1,110,805 | \$208,141 | \$112,760 | 0 | 293,283 | 0 | 293,283 |

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
NAIC Company Code 65935

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$11,496 | \$2,668 | \$9,457 | 3 | 46 | 29 | 75 |
| Disability Income | \$20,662,181 | \$11,604,913 | \$1,847,160 | 0 | 5,494 | 0 | 5,494 |
| Limited Benefit | \$-57 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Long Term Care-Comprehensive | \$7,647,933 | \$3,453,346 | \$336,606 | 0 | 3,305 | 468 | 3,773 |
| Long Term Care-Accelerated Benefit Rider | \$2,079,382 | \$0 | \$1,880,157 | 0 | 1,370 | 0 | 1,370 |

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| MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY NAIC Company Code 65935 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$10,106 | \$27,988 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$30,411,041 | \$15,088,915 | \$4,073,380 | 3 | 10,215 | 497 | 10,712 |

| MEDAMERICA INSURANCE COMPANY OF FLORIDA NAIC Company Code 12967 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Accelerated Benefit Rider | \$4,267,480 | \$2,066,524 | \$0 | 32 | 1,960 | 0 | 1,960 |
| TOTAL | \$4,267,480 | \$2,066,524 | \$0 | 32 | 1,960 | 0 | 1,960 |

| MEDICA HEALTH PLANS OF FLORIDA, INC. NAIC Company Code 12756 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$0 | \$1,103 | \$0 | 0 | 0 | 0 | 0 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$0 | \$8,731 | \$0 | 0 | 0 | 0 | 0 |
| Misc. | \$0 | \$-4,941 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$4,893 | \$0 | 0 | 0 | 0 | 0 |

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| MEDICA HEALTHCARE PLANS, INC. NAIC Company Code 12155 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$775,894,933 | \$665,294,490 | \$15,800,638 | 43,589 | 43,589 | 0 | 43,589 |
| Misc. | \$2,410,173 | \$81,263 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$778,305,106 | \$665,375,753 | \$15,800,638 | 43,589 | 43,589 | 0 | 43,589 |

| MEDICAL AIR SERVICES ASSOCIATION OF FLORIDA, INC. NAIC Company Code 52008 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Other | \$4,520,112 | \$-840,272 | \$4,520,112 | 0 | 533,934 | 0 | 533,934 |
| TOTAL | \$4,520,112 | \$-840,272 | \$4,520,112 | 0 | 533,934 | 0 | 533,934 |

| MEDICO CORP LIFE INSURANCE COMPANY NAIC Company Code 79987 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$5,368 | \$744 | \$0 | 0 | 6 | 0 | 6 |
| Medicare Supplement | \$1,163,061 | \$911,185 | \$0 | 0 | 624 | 0 | 624 |
| TOTAL | \$1,168,429 | \$911,929 | \$0 | 0 | 630 | 0 | 630 |

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List of Companies and all Health Business

| MEDICO INSURANCE COMPANY NAIC Company Code 31119 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$36,567 | \$0 | \$0 | 0 | 47 | 8 | 55 |
| Dental | \$831,722 | \$418,217 | \$20,895 | 1 | 1,480 | 0 | 1,480 |
| Disability Income | \$4,928 | \$4,201 | \$0 | 0 | 9 | 0 | 9 |
| Limited Benefit | \$745,299 | \$355,272 | \$75,640 | 0 | 1,912 | 231 | 2,143 |
| Long Term Care-Comprehensive | \$274 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Short Term Care | \$12,188 | \$66,722 | \$0 | 0 | 16 | 0 | 16 |
| Medicare Supplement | \$3,486,547 | \$2,715,652 | \$0 | 1 | 994 | 0 | 994 |
| TOTAL | \$5,117,525 | \$3,560,064 | \$96,535 | 2 | 4,459 | 239 | 4,698 |

| MERIT LIFE INSURANCE CO. NAIC Company Code 65951 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$-1,266 | \$7,717 | \$0 | 0 | 29,382 | 5,128 | 34,510 |
| TOTAL | \$-1,266 | \$7,717 | \$0 | 0 | 29,382 | 5,128 | 34,510 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business***

| METROPOLITAN LIFE INSURANCE COMPANY NAIC Company Code 65978 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$174,506 | \$165,491 | \$0 | 0 | 47 | 28 | 75 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$1,020,269 | \$151,662 | \$0 | 18 | 18 | 80 | 98 |
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$27,224,966 | \$6,219,307 | \$0 | 32 | 1,924 | 0 | 1,924 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$18,113,190 | \$10,013,434 | \$0 | 769 | 645,978 | 0 | 645,978 |
| Dental | \$263,441,634 | \$220,903,362 | \$0 | 1,724 | 352,901 | 776,382 | 1,129,283 |
| Vision | \$21,210,677 | \$11,684,527 | \$0 | 607 | 166,127 | 365,479 | 531,606 |
| Disability Income | \$158,655,651 | \$147,263,388 | \$0 | 13,976 | 537,337 | 0 | 537,337 |
| Limited Benefit | \$17,296,493 | \$7,344,378 | \$0 | 74 | 507,806 | 0 | 507,806 |
| Long Term Care-Comprehensive | \$34,279,071 | \$39,434,003 | \$0 | 161 | 19,828 | 0 | 19,828 |
| Long Term Care-Facility Only | \$1,245,435 | \$3,725,996 | \$0 | 38 | 1,596 | 0 | 1,596 |
| TOTAL | \$542,661,892 | \$446,905,548 | \$0 | 17,399 | 2,233,562 | 1,141,969 | 3,375,531 |

| METROPOLITAN TOWER LIFE INSURANCE COMPANY NAIC Company Code 97136 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$170,283 | \$1,626,424 | \$0 | 0 | 87 | 0 | 87 |
| Limited Benefit | \$99 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$170,382 | \$1,626,424 | \$0 | 0 | 88 | 0 | 88 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business

| MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TN NAIC Company Code 66087 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$0 | \$-11 | \$0 | 0 | 0 | 0 | 0 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,992 | \$23 | \$0 | 0 | 39 | 15 | 54 |
| Dental | \$21,420 | \$5,352 | \$0 | 0 | 89 | 67 | 156 |
| Vision | \$53,314 | \$20,507 | \$0 | 0 | 964 | 709 | 1,673 |
| Disability Income | \$31,266 | \$-20,017 | \$0 | 0 | 111 | 2 | 113 |
| Limited Benefit | \$337,405 | \$50,892 | \$0 | 0 | 909 | 363 | 1,272 |
| Medicare Supplement | \$1,766 | \$0 | \$0 | 0 | 1 | 2 | 3 |
| TOTAL | \$449,163 | \$56,746 | \$0 | 0 | 2,113 | 1,158 | 3,271 |

| MIDLAND NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 66044 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$1,983 | \$0 | \$0 | 1 | 1 | 0 | 1 |
| TOTAL | \$1,983 | \$0 | \$0 | 1 | 1 | 0 | 1 |

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| MINNESOTA LIFE INSURANCE COMPANY NAIC Company Code 66168 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$27,647,583 | \$7,468,231 | \$2,329,504 | 8 | 315,884 | 0 | 315,884 |
| Disability Income | \$1,314,865 | \$8,452,393 | \$99 | 0 | 492 | 0 | 492 |
| Long Term Care-Comprehensive | \$84,813 | \$0 | \$0 | 0 | 9 | 5 | 14 |
| TOTAL | \$29,047,261 | \$15,920,624 | \$2,329,603 | 8 | 316,385 | 5 | 316,390 |

| MMM OF FLORIDA, INC. NAIC Company Code 16177 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$48,871,340 | \$45,524,860 | \$0 | 0 | 3,058 | 0 | 3,058 |
| TOTAL | \$48,871,340 | \$45,524,860 | \$0 | 0 | 3,058 | 0 | 3,058 |

| MODERN WOODMEN OF AMERICA NAIC Company Code 57541 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$69 | \$4,559 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$69 | \$4,559 | \$0 | 0 | 1 | 0 | 1 |

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| MOLINA HEALTHCARE OF FLORIDA, INC. NAIC Company Code 13128 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$177,400,865 | \$78,306,061 | \$41,717,844 | 0 | 22,838 | 4,265 | 27,103 |
| Medicare Advantage (Medicare+Choice) | \$28,418,525 | \$24,003,029 | \$5,523,014 | 0 | 1,696 | 0 | 1,696 |
| Misc. | \$500,944,190 | \$402,056,071 | \$93,936,871 | 0 | 110,932 | 0 | 110,932 |
| TOTAL | \$706,763,580 | \$504,365,161 | \$141,177,729 | 0 | 135,466 | 4,265 | 139,731 |

| MONITOR LIFE INSURANCE COMPANY OF NEW YORK NAIC Company Code 81442 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$821,596 | \$464,478 | \$43,677 | 29 | 391 | 251 | 642 |
| TOTAL | \$821,596 | \$464,478 | \$43,677 | 29 | 391 | 251 | 642 |

| MONY LIFE INSURANCE COMPANY NAIC Company Code 66370 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$12,047 | \$34,060 | \$0 | 0 | 12 | 2 | 14 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$552 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$1,348,346 | \$5,542,409 | \$0 | 0 | 907 | 0 | 907 |
| Limited Benefit | \$1,659 | \$0 | \$0 | 0 | 15 | 0 | 15 |
| TOTAL | \$1,362,604 | \$5,576,469 | \$0 | 0 | 935 | 2 | 937 |

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| MUTUAL OF AMERICA LIFE INSURANCE COMPANY | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 88668 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$66,929 | \$298,031 | \$0 | 11 | 18 | 0 | 18 |
| TOTAL | \$66,929 | \$298,031 | \$0 | 11 | 18 | 0 | 18 |

| MUTUAL OF OMAHA INSURANCE COMPANY | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 71412 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$32,738 | \$31,179 | \$0 | 0 | 73 | 11 | 84 |
| Grandfathered (In-State and Out-of-State) Conversion | \$721 | \$604 | \$0 | 0 | 1 | 0 | 1 |
| Administrative Services Only (ASO) | \$-0 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$9,411,582 | \$4,881,832 | \$1,383,860 | 385 | 395,291 | 8,880 | 404,171 |
| Dental | \$632,689 | \$267,305 | \$331,110 | 0 | 1,583 | 3 | 1,586 |
| Disability Income | \$2,403,450 | \$1,792,383 | \$161,906 | 35 | 4,269 | 0 | 4,269 |
| Limited Benefit | \$2,761,972 | \$1,565,129 | \$638,338 | 0 | 13,214 | 3,037 | 16,251 |
| Long Term Care-Comprehensive | \$18,569,481 | \$6,876,091 | \$1,466,081 | 1 | 8,067 | 0 | 8,067 |
| Long Term Care-Facility Only | \$480,920 | \$3,135,427 | \$0 | 0 | 241 | 0 | 241 |
| Long Term Care-Non-Facility Only | \$611,343 | \$2,778,763 | \$0 | 0 | 307 | 0 | 307 |
| Medicare Supplement | \$24,918,628 | \$18,414,528 | \$0 | 0 | 8,188 | 0 | 8,188 |
| Other | \$18,455 | \$3,175 | \$0 | 0 | 964 | 19 | 983 |
| TOTAL | \$59,841,979 | \$39,746,415 | \$3,981,295 | 421 | 432,198 | 11,950 | 444,148 |

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| MUTUAL SAVINGS LIFE INSURANCE COMPANY NAIC Company Code 66397 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$985 | \$0 | \$0 | 0 | 119 | 0 | 119 |
| Disability Income | \$0 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$11,315 | \$138,427 | \$0 | 0 | 160 | 0 | 160 |
| TOTAL | \$12,300 | \$138,427 | \$0 | 0 | 280 | 0 | 280 |

| MUTUAL TRUST LIFE INS CO, A PAN-AMERICAN LIFE INS GROUP STOCK CO NAIC Company Code 66427 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$13,570 | \$194,357 | \$0 | 0 | 11 | 0 | 11 |
| TOTAL | \$13,570 | \$194,357 | \$0 | 0 | 11 | 0 | 11 |

| NASSAU LIFE AND ANNUITY COMPANY NAIC Company Code 93734 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$0 | \$0 | \$0 | 0 | 18 | 0 | 18 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$26,000 | \$33,392 | \$0 | 0 | 584 | 0 | 584 |
| Dental | \$35,677 | \$13,674 | \$0 | 0 | 83 | 0 | 83 |
| Disability Income | \$307,300 | \$586,034 | \$0 | 0 | 798 | 0 | 798 |
| Limited Benefit | \$216,720 | \$48,956 | \$0 | 0 | 313 | 0 | 313 |
| Long Term Care-Comprehensive | \$1,099,333 | \$4,338,855 | \$0 | 0 | 457 | 0 | 457 |

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| NASSAU LIFE AND ANNUITY COMPANY NAIC Company Code 93734 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Non-Facility Only | \$307,074 | \$647,890 | \$0 | 0 | 200 | 0 | 200 |
| Medicare Supplement | \$24,005,915 | \$13,547,905 | \$0 | 0 | 5,300 | 0 | 5,300 |
| TOTAL | \$25,998,019 | \$19,216,706 | \$0 | 0 | 7,753 | 0 | 7,753 |

| NASSAU LIFE INSURANCE COMPANY OF KANSAS NAIC Company Code 68284 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,657 | \$184 | \$0 | 0 | 0 | 0 | 0 |
| Dental | \$1,613 | \$450 | \$0 | 0 | 4 | 0 | 4 |
| Disability Income | \$0 | \$-2,626 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$35,812 | \$0 | \$0 | 0 | 90 | 0 | 90 |
| Long Term Care-Comprehensive | \$7,145 | \$83,343 | \$0 | 0 | 24 | 0 | 24 |
| Long Term Care-Non-Facility Only | \$142,295 | \$281,616 | \$0 | 0 | 16 | 0 | 16 |
| Medicare Supplement | \$622,674 | \$393,490 | \$0 | 0 | 164 | 0 | 164 |
| TOTAL | \$814,196 | \$756,457 | \$0 | 0 | 298 | 0 | 298 |

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| NATIONAL BENEFIT LIFE INSURANCE COMPANY NAIC Company Code 61409 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$8,040 | \$1,657 | \$0 | 0 | 16 | 8 | 24 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$23 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$178 | \$9,176 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$15,418 | \$6,117 | \$0 | 0 | 98 | 0 | 98 |
| TOTAL | \$23,659 | \$16,950 | \$0 | 0 | 116 | 8 | 124 |

| NATIONAL CASUALTY COMPANY NAIC Company Code 11991 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,021 | \$0 | \$0 | 0 | 104 | 3 | 107 |
| Dental | \$27,888 | \$5,609 | \$0 | 0 | 10 | 24 | 34 |
| Disability Income | \$0 | \$-23,083 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$313 | \$16,105 | \$0 | 0 | 4 | 0 | 4 |
| TOTAL | \$29,222 | \$-1,369 | \$0 | 0 | 118 | 27 | 145 |

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| NATIONAL GUARDIAN LIFE INSURANCE COMPANY | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 66583 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$128,886 | \$117,897 | \$128,886 | 6 | 61 | 58 | 119 |
| Dental | \$1,754,039 | \$1,214,218 | \$1,754,039 | 129 | 5,464 | 2,791 | 8,255 |
| Prescription Drug | \$1,354 | \$859 | \$1,354 | 2 | 12 | 5 | 17 |
| Vision | \$18,712,120 | \$8,667,070 | \$18,712,120 | 838 | 185,373 | 166,051 | 351,424 |
| Disability Income | \$13,341 | \$32,783 | \$0 | 0 | 27 | 0 | 27 |
| Limited Benefit | \$647,380 | \$260,418 | \$0 | 2 | 889 | 1,134 | 2,023 |
| Long Term Care-Comprehensive | \$117,113 | \$0 | \$117,113 | 0 | 23 | 0 | 23 |
| Medicare Supplement | \$1,852 | \$0 | \$1,852 | 0 | 13 | 0 | 13 |
| Other | \$758,406 | \$924,204 | \$758,406 | 0 | 0 | 0 | 0 |
| TOTAL | \$22,134,491 | \$11,217,449 | \$21,473,770 | 977 | 191,862 | 170,039 | 361,901 |

| NATIONAL HEALTH INSURANCE COMPANY | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 82538 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$412,540 | \$210,434 | \$0 | 5,554 | 5,554 | 3,812 | 9,366 |
| Dental | \$435,203 | \$313,725 | \$204,737 | 4,681 | 4,681 | 1,819 | 6,500 |
| Disability Income | \$2,501 | \$9,611 | \$0 | 14 | 14 | 2 | 16 |
| Limited Benefit | \$843,069 | \$327,863 | \$753,733 | 1,625 | 1,625 | 705 | 2,330 |
| Medicare Supplement | \$84,206 | \$44,519 | \$73,474 | 50 | 50 | 0 | 50 |
| Other | \$65,446,796 | \$26,186,914 | \$64,292,090 | 16,084 | 16,084 | 9,493 | 25,577 |
| TOTAL | \$67,224,314 | \$27,093,067 | \$65,324,034 | 28,008 | 28,008 | 15,831 | 43,839 |

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| NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 66680 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$1,347,096 | \$7,145,789 | \$18,262 | 0 | 434 | 0 | 434 |
| TOTAL | \$1,347,096 | \$7,145,789 | \$18,262 | 0 | 434 | 0 | 434 |

| NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE CO. NAIC Company Code 87963 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,453,157 | \$214,897 | \$282,379 | 0 | 4,383 | 4,048 | 8,431 |
| Disability Income | \$2,030,548 | \$559,205 | \$523,386 | 0 | 2,669 | 0 | 2,669 |
| Limited Benefit | \$4,210,874 | \$928,261 | \$920,862 | 0 | 7,930 | 9,452 | 17,382 |
| TOTAL | \$7,694,579 | \$1,702,363 | \$1,726,627 | 0 | 14,982 | 13,500 | 28,482 |

| NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH, PA NAIC Company Code 19445 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$7,275,811 | \$3,309,011 | \$44,307 | 7 | 576,707 | 0 | 576,707 |
| Limited Benefit | \$2,209,506 | \$1,559,747 | \$51,928 | 101 | 172,354 | 276 | 172,630 |
| Other | \$2 | \$851,251 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$9,485,319 | \$5,720,009 | \$96,235 | 108 | 749,061 | 276 | 749,337 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| NATIONAL WESTERN LIFE INSURANCE COMPANY NAIC Company Code 66850 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$1,248 | \$1,871 | \$0 | 0 | 14 | 0 | 14 |
| TOTAL | \$1,248 | \$1,871 | \$0 | 0 | 14 | 0 | 14 |

| NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY NAIC Company Code 92657 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$236 | \$100 | \$0 | 5 | 5 | 0 | 5 |
| TOTAL | \$236 | \$100 | \$0 | 5 | 5 | 0 | 5 |

| NATIONWIDE LIFE INSURANCE COMPANY NAIC Company Code 66869 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,466,604 | \$7,195 | \$0 | 5 | 136 | 7 | 143 |
| Dental | \$905,295 | \$748,306 | \$0 | 0 | 3,114 | 1,738 | 4,852 |
| Prescription Drug | \$72,599 | \$47,767 | \$0 | 23 | 518 | 227 | 745 |
| Vision | \$1,118 | \$148 | \$0 | 1 | 26 | 13 | 39 |
| Disability Income | \$77,998 | \$158,837 | \$0 | 2 | 127 | 0 | 127 |
| Excess/Stop Loss | \$9,695,868 | \$7,864,486 | \$0 | 33 | 226 | 97 | 323 |
| Limited Benefit | \$515,431 | \$298,530 | \$0 | 3 | 2,562 | 845 | 3,407 |

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| NATIONWIDE LIFE INSURANCE COMPANY NAIC Company Code 66869 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$1,351,198 | \$838,920 | \$0 | 6 | 731 | 527 | 1,258 |
| TOTAL | \$15,086,111 | \$9,964,189 | \$0 | 73 | 7,440 | 3,454 | 10,894 |

| NATIONWIDE MUTUAL INSURANCE COMPANY NAIC Company Code 23787 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$0 | \$-192,748 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$0 | \$-192,748 | \$0 | 0 | 1 | 0 | 1 |

| NEIGHBORHOOD HEALTH PARTNERSHIP, INC. NAIC Company Code 95123 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$275,265,229 | \$206,810,443 | \$29,081,559 | 7,582 | 34,533 | 16,035 | 50,568 |
| ACA Off Exchange 51-100 Member Groups | \$131,322,289 | \$120,680,325 | \$14,462,809 | 1,273 | 19,497 | 8,988 | 28,485 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$352,781,567 | \$274,566,281 | \$79,795,854 | 1,377 | 43,569 | 22,506 | 66,075 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$428,863 | \$358,410 | \$0 | 0 | 29 | 0 | 29 |
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$757,863 | \$387,112 | \$0 | 0 | 63 | 26 | 89 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$62,777,903 | \$66,072,097 | \$0 | 1,057 | 5,620 | 3,664 | 9,284 |
| TOTAL | \$823,333,714 | \$668,874,668 | \$123,340,222 | 11,289 | 103,311 | 51,219 | 154,530 |

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| NEW ENGLAND LIFE INSURANCE COMPANY NAIC Company Code 91626 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$119,686 | \$315,275 | \$0 | 0 | 143 | 0 | 143 |
| TOTAL | \$119,686 | \$315,275 | \$0 | 0 | 143 | 0 | 143 |

| NEW ERA LIFE INSURANCE COMPANY NAIC Company Code 78743 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$29,893 | \$94,411 | \$0 | 0 | 19 | 6 | 25 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$30 | \$12 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$309,721 | \$268,600 | \$0 | 1 | 872 | 0 | 872 |
| Limited Benefit | \$12,055 | \$165 | \$0 | 0 | 46 | 19 | 65 |
| Medicare Supplement | \$1,258,478 | \$846,805 | \$541,094 | 0 | 534 | 0 | 534 |
| TOTAL | \$1,610,177 | \$1,209,993 | \$541,094 | 1 | 1,472 | 25 | 1,497 |

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| NEW YORK LIFE INSURANCE COMPANY NAIC Company Code 66915 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$19,253 | \$3,577 | \$0 | 0 | 9 | 1 | 10 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$997,310 | \$671,806 | \$90,948 | 86 | 19,797 | 1,102 | 20,899 |
| Disability Income | \$10,281,531 | \$8,975,220 | \$432,218 | 101 | 6,474 | 23 | 6,497 |
| Limited Benefit | \$703,789 | \$307,661 | \$0 | 24 | 990 | 153 | 1,143 |
| Long Term Care-Comprehensive | \$16,141,514 | \$9,844,848 | \$461,403 | 1 | 6,292 | 0 | 6,292 |
| Long Term Care-Facility Only | \$84,011 | \$184,903 | \$0 | 0 | 53 | 0 | 53 |
| Medicare Supplement | \$96,667 | \$56,103 | \$0 | 0 | 23 | 1 | 24 |
| TOTAL | \$28,324,075 | \$20,044,118 | \$984,569 | 212 | 33,638 | 1,280 | 34,918 |

| NIPPON LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 81264 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$110,193 | \$56,370 | \$24,931 | 35 | 233 | 132 | 365 |
| Vision | \$19,345 | \$10,633 | \$4,705 | 37 | 204 | 102 | 306 |
| Disability Income | \$1,844 | \$457 | \$1,844 | 4 | 18 | 0 | 18 |
| TOTAL | \$131,382 | \$67,460 | \$31,480 | 76 | 455 | 234 | 689 |

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
NAIC Company Code 66974

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Disability Income | \$112 | \$0 | \$0 | 1 | 1 | 0 | 1 |
| TOTAL | \$112 | \$0 | \$0 | 1 | 1 | 0 | 1 |

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
NAIC Company Code 29874

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$-7,659 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$-7,659 | \$0 | 0 | 0 | 0 | 0 |

NORTH RIVER INSURANCE COMPANY
NAIC Company Code 21105

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$809,944 | \$6,751 | \$0 | 0 | 4 | 0 | 4 |
| Excess/Stop Loss | \$1,257,196 | \$1,752,579 | \$0 | 0 | 78,910 | 258 | 79,168 |
| TOTAL | \$2,067,140 | \$1,759,330 | \$0 | 0 | 78,914 | 258 | 79,172 |

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| NORTHWESTERN LONG TERM CARE INSURANCE COMPANY NAIC Company Code 69000 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$50,509,358 | \$26,073,109 | \$1,487,299 | 0 | 17,198 | 0 | 17,198 |
| TOTAL | \$50,509,358 | \$26,073,109 | \$1,487,299 | 0 | 17,198 | 0 | 17,198 |

| NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY NAIC Company Code 67091 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$86,511,696 | \$71,483,240 | \$13,484,919 | 14,775 | 41,432 | 0 | 41,432 |
| TOTAL | \$86,511,696 | \$71,483,240 | \$13,484,919 | 14,775 | 41,432 | 0 | 41,432 |

| OCCIDENTAL LIFE INSURANCE COMPANY OF N CAROLINA NAIC Company Code 67148 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,087 | \$-21,064 | \$0 | 0 | 11 | 0 | 11 |
| Disability Income | \$882 | \$-6,019 | \$0 | 0 | 5 | 0 | 5 |
| Limited Benefit | \$18,080 | \$-123,380 | \$0 | 0 | 103 | 98 | 201 |
| TOTAL | \$22,049 | \$-150,463 | \$0 | 0 | 119 | 98 | 217 |

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| OHIO NATIONAL LIFE ASSURANCE CORPORATION NAIC Company Code 89206 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$5,446,458 | \$1,922,730 | \$1,313,357 | 0 | 1,962 | 0 | 1,962 |
| TOTAL | \$5,446,458 | \$1,922,730 | \$1,313,357 | 0 | 1,962 | 0 | 1,962 |

| OHIO NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 67172 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$354,155 | \$462,035 | \$0 | 0 | 186 | 0 | 186 |
| TOTAL | \$354,155 | \$462,035 | \$0 | 0 | 186 | 0 | 186 |

| OHIO STATE LIFE INSURANCE COMPANY (THE) NAIC Company Code 67180 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) Individually Underwritten | \$62 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$62 | \$0 | \$0 | 0 | 1 | 0 | 1 |

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OLD AMERICAN INSURANCE COMPANY
NAIC Company Code 67199

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,945 | \$-79 | \$0 | 0 | 67 | 0 | 67 |
| Limited Benefit | \$2,090 | \$21 | \$0 | 0 | 40 | 0 | 40 |
| Long Term Care-Comprehensive | \$8,400 | \$89,135 | \$0 | 0 | 5 | 0 | 5 |
| Short Term Care | \$32,722 | \$269,578 | \$0 | 0 | 27 | 0 | 27 |
| TOTAL | \$45,157 | \$358,655 | \$0 | 0 | 139 | 0 | 139 |

OLD REPUBLIC LIFE INSURANCE COMPANY
NAIC Company Code 67261

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$74 | \$15,794 | \$0 | 0 | 53,473 | 0 | 53,473 |
| TOTAL | \$74 | \$15,794 | \$0 | 0 | 53,473 | 0 | 53,473 |

OMAHA HEALTH INSURANCE COMPANY
NAIC Company Code 88080

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Prescription Drug | \$10,491,598 | \$11,538,961 | \$8,516,340 | 0 | 10,384 | 0 | 10,384 |
| TOTAL | \$10,491,598 | \$11,538,961 | \$8,516,340 | 0 | 10,384 | 0 | 10,384 |

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OPTIMUM HEALTHCARE, INC.
NAIC Company Code 12259

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Advantage (Medicare+Choice) | \$831,445,940 | \$691,245,347 | \$0 | 0 | 55,627 | 0 | 55,627 |
| TOTAL | \$831,445,940 | \$691,245,347 | \$0 | 0 | 55,627 | 0 | 55,627 |

ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA (THE)
NAIC Company Code 56383

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,293 | \$216 | \$0 | 0 | 37 | 7 | 44 |
| Dental | \$28,984 | \$0 | \$0 | 0 | 49 | 0 | 49 |
| Disability Income | \$9,603 | \$1,958 | \$0 | 0 | 42 | 0 | 42 |
| Limited Benefit | \$2,152 | \$2,581 | \$0 | 0 | 11 | 6 | 17 |
| Short Term Care | \$5,960 | \$0 | \$0 | 0 | 5 | 0 | 5 |
| Medicare Supplement | \$1,918,000 | \$1,620,641 | \$0 | 0 | 676 | 0 | 676 |
| TOTAL | \$1,967,992 | \$1,625,396 | \$0 | 0 | 820 | 13 | 833 |

OSCAR INSURANCE COMPANY OF FLORIDA
NAIC Company Code 16374

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$433,603,420 | \$330,143,377 | \$433,603,420 | 0 | 77,341 | 35,662 | 113,003 |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$8,571,524 | \$6,526,313 | \$8,571,524 | 0 | 1,484 | 684 | 2,168 |
| TOTAL | \$442,174,944 | \$336,669,690 | \$442,174,944 | 0 | 78,825 | 36,346 | 115,171 |

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| OXFORD LIFE INSURANCE COMPANY NAIC Company Code 76112 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$2,814,575 | \$2,498,771 | \$0 | 1 | 783 | 0 | 783 |
| TOTAL | \$2,814,575 | \$2,498,771 | \$0 | 1 | 783 | 0 | 783 |

| OZARK NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 67393 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$1,579 | \$350 | \$0 | 0 | 26 | 19 | 45 |
| TOTAL | \$1,579 | \$350 | \$0 | 0 | 26 | 19 | 45 |

| PACIFIC INDEMNITY COMPANY NAIC Company Code 20346 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$13,754 | \$452 | \$217 | 83 | 149 | 785 | 934 |
| TOTAL | \$13,754 | \$452 | \$217 | 83 | 149 | 785 | 934 |

| PACIFIC LIFE & ANNUITY COMPANY NAIC Company Code 97268 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$0 | \$6,148 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$6,148 | \$0 | 0 | 0 | 0 | 0 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| PACIFICARE LIFE AND HEALTH INSURANCE COMPANY | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 70785 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$411,696 | \$417,280 | \$0 | 157 | 157 | 0 | 157 |
| TOTAL | \$411,696 | \$417,280 | \$0 | 157 | 157 | 0 | 157 |

| PAN-AMERICAN LIFE INSURANCE COMPANY | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| NAIC Company Code 67539 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$325 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$834,841 | \$376,348 | \$176,539 | 27 | 20,875 | 30 | 20,905 |
| Dental | \$111,572 | \$42,423 | \$70,739 | 0 | 0 | 0 | 0 |
| Prescription Drug | \$448,915 | \$80,377 | \$106,543 | 0 | 0 | 0 | 0 |
| Disability Income | \$465,559 | \$815,346 | \$4,087 | 0 | 227 | 0 | 227 |
| Excess/Stop Loss | \$3,563,047 | \$904,353 | \$29,371 | 25 | 490 | 723 | 1,213 |
| Limited Benefit | \$6,177,180 | \$4,580,917 | \$721,116 | 118 | 8,991 | 2,158 | 11,149 |
| Medicare Supplement | \$3,068 | \$220 | \$3,068 | 0 | 5 | 0 | 5 |
| TOTAL | \$11,604,507 | \$6,799,984 | \$1,111,463 | 170 | 30,589 | 2,911 | 33,500 |

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PARTNERRE AMERICA INSURANCE COMPANY
NAIC Company Code 11835

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Excess/Stop Loss | \$2,113,333 | \$1,046,645 | \$2,086,289 | 2 | 19,498 | 22,524 | 42,022 |
| TOTAL | \$2,113,333 | \$1,046,645 | \$2,086,289 | 2 | 19,498 | 22,524 | 42,022 |

PAUL REVERE LIFE INSURANCE COMPANY
NAIC Company Code 67598

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$15,383 | \$982 | \$1,947 | 7 | 81 | 0 | 81 |
| Dental | \$4,125 | \$1,976 | \$144 | 0 | 5 | 0 | 5 |
| Disability Income | \$8,421,167 | \$37,308,417 | \$0 | 23 | 5,728 | 0 | 5,728 |
| Limited Benefit | \$89,973 | \$-94,850 | \$1,942 | 24 | 325 | 0 | 325 |
| TOTAL | \$8,530,648 | \$37,216,525 | \$4,033 | 54 | 6,139 | 0 | 6,139 |

PENN MUTUAL LIFE INSURANCE COMPANY
NAIC Company Code 67644

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$659,791 | \$5,574,052 | \$0 | 340 | 340 | 0 | 340 |
| TOTAL | \$659,791 | \$5,574,052 | \$0 | 340 | 340 | 0 | 340 |

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| PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY NAIC Company Code 67784 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$18,404 | \$-1,118 | \$0 | 0 | 19 | 4 | 23 |
| Grandfathered (In-State and Out-of-State) Conversion | \$24,967 | \$29,953 | \$0 | 0 | 27 | 0 | 27 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$584,648 | \$235,373 | \$310,594 | 2 | 1,573 | 811 | 2,384 |
| Dental | \$163,728 | \$40,274 | \$116,359 | 0 | 587 | 395 | 982 |
| Disability Income | \$163,005 | \$78,327 | \$0 | 3 | 653 | 0 | 653 |
| Limited Benefit | \$10,501,075 | \$6,680,198 | \$5,131,369 | 0 | 6,547 | 3,613 | 10,160 |
| Medicare Supplement | \$9,663 | \$10,774 | \$0 | 0 | 7 | 1 | 8 |
| TOTAL | \$11,465,490 | \$7,073,781 | \$5,558,322 | 5 | 9,413 | 4,824 | 14,237 |

| PHILADELPHIA INDEMNITY INSURANCE COMPANY NAIC Company Code 18058 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,722,123 | \$803,370 | \$799,411 | 3,340 | 2,207,970 | 0 | 2,207,970 |
| TOTAL | \$1,722,123 | \$803,370 | \$799,411 | 3,340 | 2,207,970 | 0 | 2,207,970 |

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| PHYSICIANS LIFE INSURANCE COMPANY NAIC Company Code 72125 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$433,585 | \$224,299 | \$7,080 | 0 | 121 | 0 | 121 |
| TOTAL | \$433,585 | \$224,299 | \$7,080 | 0 | 121 | 0 | 121 |

| PHYSICIANS MUTUAL INSURANCE COMPANY NAIC Company Code 80578 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,005 | \$48 | \$0 | 0 | 8 | 6 | 14 |
| Dental | \$7,808,313 | \$4,070,043 | \$1,187,264 | 1 | 13,992 | 2,708 | 16,700 |
| Disability Income | \$1,912 | \$0 | \$0 | 0 | 5 | 0 | 5 |
| Limited Benefit | \$914,309 | \$567,949 | \$831 | 0 | 2,552 | 496 | 3,048 |
| Long Term Care-Comprehensive | \$1,154,075 | \$1,077,169 | \$0 | 0 | 518 | 0 | 518 |
| Short Term Care | \$2,500 | \$54,105 | \$0 | 0 | 6 | 0 | 6 |
| Medicare Supplement | \$1,982,924 | \$1,363,104 | \$1,631 | 1 | 687 | 3 | 690 |
| TOTAL | \$11,866,038 | \$7,132,418 | \$1,189,726 | 2 | 17,768 | 3,213 | 20,981 |

| PLATEAU INSURANCE COMPANY NAIC Company Code 97152 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$93,940 | \$66,605 | \$93,940 | 0 | 199 | 0 | 199 |
| TOTAL | \$93,940 | \$66,605 | \$93,940 | 0 | 199 | 0 | 199 |

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| PREFERRED CARE PARTNERS, INC. NAIC Company Code 11176 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$3,121,173,222 | \$2,580,489,833 | \$367,540,107 | 0 | 219,058 | 0 | 219,058 |
| Misc. | \$9,820,246 | \$4,506,992 | \$1,183,305 | 0 | 0 | 0 | 0 |
| TOTAL | \$3,130,993,468 | \$2,584,996,825 | \$368,723,412 | 0 | 219,058 | 0 | 219,058 |

| PRIMERICA LIFE INSURANCE COMPANY NAIC Company Code 65919 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$360 | \$-53 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$3,922 | \$20,822 | \$0 | 0 | 15 | 0 | 15 |
| Limited Benefit | \$9,765 | \$11,635 | \$0 | 0 | 18 | 0 | 18 |
| Long Term Care-Comprehensive | \$10,557 | \$-258,198 | \$0 | 0 | 17 | 0 | 17 |
| TOTAL | \$24,604 | \$-225,794 | \$0 | 0 | 51 | 0 | 51 |

| PRINCIPAL LIFE INSURANCE COMPANY NAIC Company Code 61271 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Conversion | \$1,579 | \$895,712 | \$0 | 0 | 1 | 0 | 1 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$513,146 | \$51,217 | \$694,690 | 185 | 2,403 | 0 | 2,403 |
| Dental | \$48,707,499 | \$29,185,584 | \$3,700,027 | 3,650 | 86,601 | 62,738 | 149,339 |
| Vision | \$5,957,172 | \$2,984,674 | \$663,592 | 2,357 | 53,157 | 19,258 | 72,415 |

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| PRINCIPAL LIFE INSURANCE COMPANY NAIC Company Code 61271 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$56,192,002 | \$38,730,683 | \$5,501,062 | 2,437 | 86,684 | 0 | 86,684 |
| Limited Benefit | \$305,895 | \$54,362 | \$74,830 | 147 | 1,739 | 0 | 1,739 |
| Long Term Care-Comprehensive | \$33,934 | \$147,562 | \$0 | 0 | 59 | 0 | 59 |
| Medicare Supplement | \$5,820,147 | \$4,635,819 | \$0 | 0 | 1,459 | 120 | 1,579 |
| TOTAL | \$117,531,374 | \$76,685,613 | \$10,634,201 | 8,776 | 232,103 | 82,116 | 314,219 |

| PROFESSIONAL INSURANCE COMPANY NAIC Company Code 68047 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,762 | \$405 | \$0 | 13 | 13 | 12 | 25 |
| Disability Income | \$672,031 | \$385,161 | \$0 | 1,198 | 1,198 | 205 | 1,403 |
| Limited Benefit | \$563,701 | \$391,877 | \$0 | 2,054 | 2,054 | 1,104 | 3,158 |
| TOTAL | \$1,239,494 | \$777,443 | \$0 | 3,265 | 3,265 | 1,321 | 4,586 |

| PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY NAIC Company Code 88536 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$356 | \$23,239 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$356 | \$23,239 | \$0 | 0 | 1 | 0 | 1 |

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| PROTECTIVE LIFE INSURANCE COMPANY NAIC Company Code 68136 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$154,653 | \$-38,611 | \$0 | 0 | 47 | 0 | 47 |
| Limited Benefit | \$4,286,821 | \$6,437,496 | \$0 | 0 | 2,549 | 1,047 | 3,596 |
| Medicare Supplement | \$3,417 | \$1,823 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$4,444,891 | \$6,400,708 | \$0 | 0 | 2,598 | 1,047 | 3,645 |

| PROVIDENT AMERICAN LIFE AND HEALTH INSURANCE COMPANY NAIC Company Code 67903 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$27,874 | \$22,202 | \$0 | 0 | 6 | 0 | 6 |
| TOTAL | \$27,874 | \$22,202 | \$0 | 0 | 6 | 0 | 6 |

| PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY NAIC Company Code 68195 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,120,320 | \$624,014 | \$81,438 | 0 | 3,975 | 72 | 4,047 |
| Disability Income | \$36,586,468 | \$91,991,360 | \$4,194,788 | 6 | 25,426 | 4 | 25,430 |
| Limited Benefit | \$2,032,240 | \$1,385,692 | \$18,533 | 24 | 7,585 | 1,905 | 9,490 |
| Long Term Care-Comprehensive | \$4,828,077 | \$4,509,494 | \$8,680 | 0 | 3,587 | 0 | 3,587 |
| TOTAL | \$44,567,105 | \$98,510,560 | \$4,303,439 | 30 | 40,573 | 1,981 | 42,554 |

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PRUDENTIAL INSURANCE COMPANY OF AMERICA (THE)
NAIC Company Code 68241

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$184,095 | \$368,617 | \$0 | 0 | 232 | 36 | 268 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$6,583,020 | \$7,171,696 | \$170,144 | 67 | 10,542 | 0 | 10,542 |
| Disability Income | \$52,958,955 | \$61,522,714 | \$3,579,068 | 170 | 19,209 | 0 | 19,209 |
| Limited Benefit | \$462,700 | \$242,860 | \$11,134 | 3 | 714 | 2 | 716 |
| Long Term Care-Comprehensive | \$24,236,226 | \$18,110,130 | \$0 | 2,713 | 2,718 | 0 | 2,718 |
| Long Term Care-Facility Only | \$29,625 | \$150,046 | \$0 | 27 | 27 | 0 | 27 |
| TOTAL | \$84,454,621 | \$87,566,063 | \$3,760,346 | 2,980 | 33,442 | 38 | 33,480 |

PURITAN LIFE INSURANCE COMPANY OF AMERICA
NAIC Company Code 71390

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Administrative Services Only (ASO) | \$3,400 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$303 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$3,703 | \$0 | \$0 | 0 | 0 | 0 | 0 |

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| QBE INSURANCE CORPORATION NAIC Company Code 39217 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,205,207 | \$1,480,963 | \$384,124 | 112 | 25,650 | 0 | 25,650 |
| Excess/Stop Loss | \$6,614,819 | \$4,278,397 | \$3,948,843 | 7 | 16,011 | 10,991 | 27,002 |
| TOTAL | \$8,820,026 | \$5,759,360 | \$4,332,967 | 119 | 41,661 | 10,991 | 52,652 |

| QCC INSURANCE COMPANY NAIC Company Code 93688 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$9,334,170 | \$11,952,584 | \$0 | 428 | 654 | 573 | 1,227 |
| Transitional (In-State and Out-of-State) 51-100 Member Groups | \$4,996,795 | \$3,865,977 | \$0 | 140 | 512 | 350 | 862 |
| Transitional (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$19,061,824 | \$16,464,602 | \$0 | 120 | 1,553 | 1,437 | 2,990 |
| Administrative Services Only (ASO) | \$1,010,062 | \$0 | \$0 | 98 | 2,727 | 1,963 | 4,690 |
| TOTAL | \$34,402,851 | \$32,283,163 | \$0 | 786 | 5,446 | 4,323 | 9,769 |

| RELIABLE LIFE INSURANCE COMPANY NAIC Company Code 68357 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$100 | \$0 | \$0 | 0 | 3 | 3 | 6 |
| Limited Benefit | \$16 | \$0 | \$0 | 0 | 4 | 1 | 5 |
| TOTAL | \$116 | \$0 | \$0 | 0 | 7 | 4 | 11 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| RELIANCE STANDARD LIFE INSURANCE COMPANY NAIC Company Code 68381 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,527,484 | \$964,746 | \$925,031 | 406 | 43,186 | 0 | 43,186 |
| Dental | \$6,621,385 | \$4,253,526 | \$334,861 | 146 | 11,382 | 0 | 11,382 |
| Vision | \$377,013 | \$159,555 | \$59,865 | 88 | 2,876 | 0 | 2,876 |
| Disability Income | \$32,832,806 | \$32,376,119 | \$7,240,183 | 1,076 | 117,319 | 0 | 117,319 |
| Excess/Stop Loss | \$781 | \$146,463 | \$781 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$5,464,489 | \$1,600,048 | \$1,610,101 | 388 | 15,735 | 0 | 15,735 |
| Other | \$3,288,303 | \$1,417,783 | \$3,288,303 | 0 | 0 | 0 | 0 |
| TOTAL | \$51,112,261 | \$40,918,240 | \$13,459,125 | 2,104 | 190,498 | 0 | 190,498 |

| RELIASTAR LIFE INSURANCE COMPANY NAIC Company Code 67105 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,094,258 | \$1,996,563 | \$91,542 | 200 | 28,182 | 842 | 29,024 |
| Disability Income | \$4,350,551 | \$4,775,578 | \$1,923,442 | 213 | 12,928 | 0 | 12,928 |
| Excess/Stop Loss | \$71,266,928 | \$44,092,540 | \$24,579,306 | 329 | 322,074 | 61,223 | 383,297 |
| Limited Benefit | \$9,032,947 | \$5,054,648 | \$293,905 | 191 | 36,119 | 21,154 | 57,273 |
| TOTAL | \$88,744,684 | \$55,919,329 | \$26,888,195 | 933 | 399,303 | 83,219 | 482,522 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business***

| RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK NAIC Company Code 61360 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$1,488 | \$48,302 | \$0 | 1 | 11 | 0 | 11 |
| Excess/Stop Loss | \$1,713,547 | \$0 | \$9,001 | 26 | 4,583 | 422 | 5,005 |
| Limited Benefit | \$193,198 | \$4,625,070 | \$0 | 98 | 99 | 295 | 394 |
| TOTAL | \$1,908,233 | \$4,673,372 | \$9,001 | 125 | 4,693 | 717 | 5,410 |

| RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA NAIC Company Code 61700 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$24,840 | \$35,315 | \$11,366 | 81 | 2,219 | 936 | 3,155 |
| Dental | \$9,293,000 | \$5,465,035 | \$1,237,118 | 706 | 15,824 | 4,682 | 20,506 |
| Vision | \$553,096 | \$446,643 | \$18,994 | 550 | 4,530 | 2,878 | 7,408 |
| Disability Income | \$316,800 | \$115,372 | \$215,606 | 41 | 966 | 739 | 1,705 |
| Medicare Supplement | \$121,527 | \$115,073 | \$2,709 | 0 | 61 | 0 | 61 |
| TOTAL | \$10,309,263 | \$6,177,438 | \$1,485,793 | 1,378 | 23,600 | 9,235 | 32,835 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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| RESERVE NATIONAL INSURANCE COMPANY NAIC Company Code 68462 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$46,205 | \$7,887 | \$0 | 0 | 14 | 5 | 19 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$36,323 | \$90,404 | \$4,487 | 4 | 54 | 27 | 81 |
| Dental | \$23,037 | \$14,122 | \$195 | 0 | 42 | 17 | 59 |
| Disability Income | \$0 | \$19,857 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$99,318 | \$111,259 | \$12,210 | 3 | 113 | 33 | 146 |
| Short Term Care | \$83,384 | \$28,536 | \$5,699 | 0 | 136 | 17 | 153 |
| Medicare Supplement | \$348,546 | \$244,913 | \$2,194 | 0 | 119 | 7 | 126 |
| TOTAL | \$636,813 | \$516,978 | \$24,785 | 7 | 478 | 106 | 584 |

| RIVERSOURCE LIFE INSURANCE COMPANY NAIC Company Code 65005 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$7,575,633 | \$4,216,800 | \$190,928 | 0 | 4,744 | 0 | 4,744 |
| Long Term Care-Comprehensive | \$10,563,782 | \$14,601,996 | \$0 | 0 | 6,294 | 0 | 6,294 |
| TOTAL | \$18,139,415 | \$18,818,796 | \$190,928 | 0 | 11,038 | 0 | 11,038 |

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| ROYAL NEIGHBORS OF AMERICA NAIC Company Code 57657 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$206,877 | \$121,038 | \$0 | 0 | 48 | 0 | 48 |
| TOTAL | \$206,877 | \$121,038 | \$0 | 0 | 48 | 0 | 48 |

| S.USA LIFE INSURANCE COMPANY, INC. NAIC Company Code 60183 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,730 | \$18,672 | \$0 | 2 | 2 | 0 | 2 |
| Medicare Supplement | \$100,813 | \$44,373 | \$49,253 | 0 | 69 | 0 | 69 |
| TOTAL | \$105,543 | \$63,045 | \$49,253 | 2 | 71 | 0 | 71 |

| SAFEGUARD HEALTH PLANS, INC. NAIC Company Code 52009 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$12,386,433 | \$7,211,056 | \$330,288 | 645 | 48,280 | 34,574 | 82,854 |
| TOTAL | \$12,386,433 | \$7,211,056 | \$330,288 | 645 | 48,280 | 34,574 | 82,854 |

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| SAFEHEALTH LIFE INSURANCE COMPANY NAIC Company Code 79014 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Vision | \$25,799 | \$3,263 | \$0 | 8 | 2,016 | 1,386 | 3,402 |
| TOTAL | \$25,799 | \$3,263 | \$0 | 8 | 2,016 | 1,386 | 3,402 |

| SAGICOR LIFE INSURANCE COMPANY NAIC Company Code 60445 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Accelerated Benefit Rider | \$262 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$262 | \$0 | \$0 | 0 | 0 | 0 | 0 |

| SECURIAN LIFE INSURANCE COMPANY NAIC Company Code 93742 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$5,418,220 | \$3,543,117 | \$1,247,721 | 3 | 65,121 | 0 | 65,121 |
| Limited Benefit | \$3,940,250 | \$1,636,896 | \$1,105,719 | 1 | 22,062 | 0 | 22,062 |
| TOTAL | \$9,358,470 | \$5,180,013 | \$2,353,440 | 4 | 87,183 | 0 | 87,183 |

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| SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK NAIC Company Code 68772 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$370 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Disability Income | \$23,781 | \$151,597 | \$0 | 0 | 42 | 0 | 42 |
| TOTAL | \$24,151 | \$151,597 | \$0 | 0 | 43 | 0 | 43 |

| SECURITY NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 69485 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,488 | \$0 | \$0 | 0 | 107 | 0 | 107 |
| Limited Benefit | \$4,981 | \$0 | \$0 | 0 | 15 | 0 | 15 |
| TOTAL | \$6,469 | \$0 | \$0 | 0 | 122 | 0 | 122 |

| SENTRY INSURANCE COMPANY NAIC Company Code 24988 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$0 | \$4,800 | \$0 | 1 | 1 | 0 | 1 |
| Long Term Care-Comprehensive | \$135,222 | \$178,997 | \$0 | 5 | 142 | 0 | 142 |
| TOTAL | \$135,222 | \$183,797 | \$0 | 6 | 143 | 0 | 143 |

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| SENTRY LIFE INSURANCE COMPANY NAIC Company Code 68810 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$0 | \$569,156 | \$0 | 7 | 37 | 0 | 37 |
| Long Term Care-Comprehensive | \$685 | \$18,550 | \$0 | 4 | 10 | 0 | 10 |
| TOTAL | \$685 | \$587,706 | \$0 | 11 | 47 | 0 | 47 |

| SETTLERS LIFE INSURANCE COMPANY NAIC Company Code 97241 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$233 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$233 | \$0 | \$0 | 0 | 1 | 0 | 1 |

| SHELTERPOINT INSURANCE COMPANY NAIC Company Code 89958 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$69,166 | \$18,133 | \$69,166 | 3 | 59 | 71 | 130 |
| TOTAL | \$69,166 | \$18,133 | \$69,166 | 3 | 59 | 71 | 130 |

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| SHENANDOAH LIFE INSURANCE COMPANY NAIC Company Code 68845 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$0 | \$56,585 | \$0 | 0 | 2 | 0 | 2 |
| Medicare Supplement | \$173,004 | \$137,390 | \$6,256 | 0 | 66 | 0 | 66 |
| TOTAL | \$173,004 | \$193,975 | \$6,256 | 0 | 68 | 0 | 68 |

| SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. NAIC Company Code 71420 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$279,466,555 | \$228,977,215 | \$44,984,021 | 62 | 11,346 | 0 | 11,346 |
| TOTAL | \$279,466,555 | \$228,977,215 | \$44,984,021 | 62 | 11,346 | 0 | 11,346 |

| SILAC INSURANCE COMPANY NAIC Company Code 62952 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$4,756 | \$0 | \$0 | 0 | 14 | 0 | 14 |
| Long Term Care-Comprehensive | \$218,084 | \$458,750 | \$0 | 0 | 129 | 0 | 129 |
| Short Term Care | \$12,468 | \$20,737 | \$0 | 0 | 19 | 0 | 19 |
| Medicare Supplement | \$697,006 | \$660,735 | \$0 | 0 | 276 | 0 | 276 |
| TOTAL | \$932,314 | \$1,140,222 | \$0 | 0 | 438 | 0 | 438 |

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SIMPLY HEALTHCARE PLANS, INC.
NAIC Company Code 13726

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Advantage (Medicare+Choice) | \$1,165,833,966 | \$986,249,550 | \$0 | 0 | 66,469 | 0 | 66,469 |
| Misc. | \$2,569,503,199 | \$2,185,906,937 | \$0 | 0 | 602,721 | 0 | 602,721 |
| TOTAL | \$3,735,337,165 | \$3,172,156,487 | \$0 | 0 | 669,190 | 0 | 669,190 |

SIRIUSPOINT AMERICA INSURANCE COMPANY
NAIC Company Code 38776

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$8,016 | \$-14,691 | \$5,282 | 4 | 3,234 | 0 | 3,234 |
| Excess/Stop Loss | \$1,841,521 | \$1,096,544 | \$186,487 | 10 | 1,043 | 272 | 1,315 |
| Limited Benefit | \$257,320 | \$217,069 | \$118,141 | 13 | 63 | 18 | 81 |
| TOTAL | \$2,106,857 | \$1,298,922 | \$309,910 | 27 | 4,340 | 290 | 4,630 |

SKYMED INTERNATIONAL (FLORIDA) INC.
NAIC Company Code 52038

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Other | \$1,137,770 | \$58,769 | \$196,171 | 0 | 2,355 | 1,736 | 4,091 |
| TOTAL | \$1,137,770 | \$58,769 | \$196,171 | 0 | 2,355 | 1,736 | 4,091 |

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| SLOVENE NATIONAL BENEFIT SOCIETY NAIC Company Code 57673 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$165 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$165 | \$0 | \$0 | 0 | 0 | 0 | 0 |

| SOLIS HEALTH PLANS, INC. NAIC Company Code 16313 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$25,190,975 | \$21,621,654 | \$25,190,975 | 0 | 1,317 | 0 | 1,317 |
| Misc. | \$342,309 | \$0 | \$342,309 | 0 | 0 | 0 | 0 |
| TOTAL | \$25,533,284 | \$21,621,654 | \$25,533,284 | 0 | 1,317 | 0 | 1,317 |

| SOLSTICE BENEFITS, INC. NAIC Company Code 12341 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$12,102,188 | \$10,639,671 | \$1,111,602 | 522 | 151,515 | 25,306 | 176,821 |
| Vision | \$1,199,376 | \$566,262 | \$89,981 | 1,211 | 11,276 | 6,952 | 18,228 |
| TOTAL | \$13,301,564 | \$11,205,933 | \$1,201,583 | 1,733 | 162,791 | 32,258 | 195,049 |

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| SOLSTICE HEALTHPLANS, INC. NAIC Company Code | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$11,495,833 | \$5,378,115 | \$940,387 | 4,677 | 59,048 | 29,397 | 88,445 |
| TOTAL | \$11,495,833 | \$5,378,115 | \$940,387 | 4,677 | 59,048 | 29,397 | 88,445 |

| SONS OF NORWAY NAIC Company Code 57142 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$1,030 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$1,030 | \$0 | \$0 | 0 | 2 | 0 | 2 |

| SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY NAIC Company Code 68896 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$28,565 | \$39,171 | \$0 | 0 | 180 | 0 | 180 |
| Limited Benefit | \$15,617 | \$18,582 | \$0 | 0 | 572 | 290 | 862 |
| Long Term Care-Comprehensive | \$188,606 | \$253,080 | \$0 | 0 | 503 | 0 | 503 |
| Long Term Care-Facility Only | \$10,349 | \$34,895 | \$0 | 0 | 69 | 0 | 69 |
| TOTAL | \$243,137 | \$345,728 | \$0 | 0 | 1,324 | 290 | 1,614 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| SOUTHERN GUARANTY INSURANCE COMPANY NAIC Company Code 19178 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$81,075 | \$99,449 | \$20,866 | 0 | 68 | 0 | 68 |
| Other | \$66,208 | \$21,286 | \$66,208 | 0 | 399 | 120 | 519 |
| TOTAL | \$147,283 | \$120,735 | \$87,074 | 0 | 467 | 120 | 587 |

| STANDARD INSURANCE COMPANY NAIC Company Code 69019 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$6,766,222 | \$3,902,676 | \$812,548 | 698 | 346,099 | 23,360 | 369,459 |
| Dental | \$15,290,176 | \$9,841,420 | \$1,628,719 | 257 | 27,372 | 11,043 | 38,415 |
| Vision | \$2,504,457 | \$1,344,032 | \$279,351 | 199 | 24,220 | 9,597 | 33,817 |
| Disability Income | \$97,941,917 | \$65,485,849 | \$15,777,657 | 673 | 176,581 | 0 | 176,581 |
| Limited Benefit | \$800,669 | \$188,409 | \$173,221 | 47 | 3,152 | 757 | 3,909 |
| TOTAL | \$123,303,441 | \$80,762,386 | \$18,671,496 | 1,874 | 577,424 | 44,757 | 622,181 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business***

| STANDARD LIFE AND ACCIDENT INSURANCE COMPANY | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| NAIC Company Code 86355 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$3,049 | \$1,871 | \$0 | 0 | 4 | 0 | 4 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$4,865 | \$551 | \$2,252 | 0 | 830 | 13 | 843 |
| Dental | \$8,044 | \$2,125 | \$0 | 0 | 7 | 4 | 11 |
| Disability Income | \$41,438 | \$36,028 | \$30,463 | 0 | 152 | 2 | 154 |
| Limited Benefit | \$538,372 | \$324,976 | \$205,358 | 2 | 870 | 246 | 1,116 |
| Long Term Care-Comprehensive | \$28,050 | \$159,028 | \$0 | 0 | 19 | 0 | 19 |
| Short Term Care | \$156,852 | \$14,718 | \$96,631 | 0 | 39 | 5 | 44 |
| Medicare Supplement | \$4,814,453 | \$3,606,847 | \$0 | 0 | 1,391 | 0 | 1,391 |
| TOTAL | \$5,595,123 | \$4,146,144 | \$334,704 | 2 | 3,312 | 270 | 3,582 |

| STANDARD LIFE AND CASUALTY INSURANCE COMPANY | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| NAIC Company Code 71706 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$18,294 | \$3,685 | \$0 | 0 | 11 | 11 | 22 |
| Short Term Care | \$127,869 | \$1,021 | \$127,869 | 0 | 185 | 275 | 460 |
| TOTAL | \$146,163 | \$4,706 | \$127,869 | 0 | 196 | 286 | 482 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
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STANDARD SECURITY LIFE INSURANCE CO. OF NEW YORK
NAIC Company Code 69078

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$27,959 | \$8,934 | \$27,959 | 0 | 18 | 23 | 41 |
| Disability Income | \$2,494 | \$73,050 | \$2,494 | 0 | 8 | 0 | 8 |
| Limited Benefit | \$35,276 | \$-595 | \$35,276 | 1 | 104 | 41 | 145 |
| Other | \$0 | \$7,910 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$65,729 | \$89,299 | \$65,729 | 1 | 130 | 64 | 194 |

STARMOUNT LIFE INSURANCE COMPANY
NAIC Company Code 68985

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,145 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Dental | \$7,864,777 | \$4,868,213 | \$3,822,766 | 217 | 14,791 | 10,549 | 25,340 |
| Vision | \$664,449 | \$356,012 | \$170,756 | 171 | 6,998 | 4,784 | 11,782 |
| TOTAL | \$8,532,371 | \$5,224,225 | \$3,993,522 | 388 | 21,790 | 15,333 | 37,123 |

STARNET INSURANCE COMPANY
NAIC Company Code 40045

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$11,781 | \$2,913 | \$2,000 | 4 | 199 | 0 | 199 |
| TOTAL | \$11,781 | \$2,913 | \$2,000 | 4 | 199 | 0 | 199 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business

| STARR INDEMNITY & LIABILITY COMPANY NAIC Company Code 38318 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$1,521,508 | \$470,184 | \$389,281 | 0 | 65,745 | 2 | 65,747 |
| Other | \$0 | \$-14,974 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$1,521,508 | \$455,210 | \$389,281 | 0 | 65,745 | 2 | 65,747 |

| STATE AUTOMOBILE MUTUAL INSURANCE COMPANY NAIC Company Code 25135 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$249 | \$-1,637 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$249 | \$-1,637 | \$0 | 0 | 1 | 0 | 1 |

| STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY NAIC Company Code 25178 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$0 | \$-106 | \$0 | 0 | 0 | 0 | 0 |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$7,616 | \$111,377 | \$0 | 0 | 3 | 0 | 3 |
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$12,756,093 | \$10,601,384 | \$0 | 1 | 741 | 1,179 | 1,920 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$83,467 | \$-26,213 | \$0 | 2 | 1,565 | 2,254 | 3,819 |
| Disability Income | \$4,480,086 | \$4,314,872 | \$179,320 | 0 | 8,363 | 0 | 8,363 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY NAIC Company Code 25178 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$15,421,832 | \$7,554,226 | \$1,334,256 | 0 | 69,336 | 7,042 | 76,378 |
| Long Term Care-Comprehensive | \$6,120,309 | \$18,667,373 | \$0 | 0 | 6,186 | 0 | 6,186 |
| Medicare Supplement | \$11,044,871 | \$7,858,536 | \$147,340 | 0 | 3,300 | 0 | 3,300 |
| TOTAL | \$49,914,274 | \$49,081,449 | \$1,660,916 | 3 | 89,494 | 10,475 | 99,969 |

| STATE LIFE INSURANCE COMPANY NAIC Company Code 69116 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$1,627 | \$-1,239 | \$0 | 0 | 2 | 0 | 2 |
| Disability Income | \$4,817 | \$0 | \$0 | 0 | 6 | 0 | 6 |
| Long Term Care-Comprehensive | \$484,631 | \$680,298 | \$0 | 0 | 229 | 0 | 229 |
| TOTAL | \$491,075 | \$679,059 | \$0 | 0 | 237 | 0 | 237 |

| STATE MUTUAL INSURANCE COMPANY NAIC Company Code 69132 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$10,955 | \$1,655 | \$0 | 0 | 10 | 0 | 10 |
| Long Term Care-Comprehensive | \$943 | \$-4,346 | \$0 | 0 | 1 | 0 | 1 |
| Medicare Supplement | \$1,613,299 | \$1,366,661 | \$1,051 | 0 | 545 | 0 | 545 |
| TOTAL | \$1,625,197 | \$1,363,970 | \$1,051 | 0 | 556 | 0 | 556 |

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| STERLING INVESTORS LIFE INSURANCE COMPANY NAIC Company Code 89184 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Supplement | \$355,586 | \$305,740 | \$0 | 0 | 115 | 0 | 115 |
| TOTAL | \$355,586 | \$305,740 | \$0 | 0 | 115 | 0 | 115 |

| STERLING LIFE INSURANCE COMPANY NAIC Company Code 77399 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$283 | \$13 | \$0 | 0 | 1 | 0 | 1 |
| Long Term Care-Comprehensive | \$3,782 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| Medicare Supplement | \$206,851 | \$170,009 | \$0 | 0 | 58 | 0 | 58 |
| TOTAL | \$210,915 | \$170,022 | \$0 | 0 | 61 | 0 | 61 |

| SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.) NAIC Company Code 80926 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$101,919 | \$209,477 | \$0 | 16 | 60 | 45 | 105 |
| Disability Income | \$411,071 | \$958,064 | \$0 | 135 | 2,823 | 0 | 2,823 |
| TOTAL | \$512,990 | \$1,167,541 | \$0 | 151 | 2,883 | 45 | 2,928 |

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| SUN LIFE ASSURANCE COMPANY OF CANADA NAIC Company Code 80802 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Administrative Services Only (ASO) | \$156,048 | \$0 | \$12,884 | 14 | 3,133 | 2,820 | 5,953 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,660,112 | \$348,151 | \$1,146,764 | 223 | 14,179 | 12,761 | 26,940 |
| Dental | \$26,229,905 | \$14,719,463 | \$15,316,987 | 1,158 | 59,769 | 55,328 | 115,097 |
| Vision | \$2,881,182 | \$1,566,544 | \$884,615 | 528 | 27,838 | 25,054 | 52,892 |
| Disability Income | \$28,400,996 | \$24,141,211 | \$4,606,068 | 1,416 | 113,145 | 0 | 113,145 |
| Excess/Stop Loss | \$138,332,508 | \$82,686,279 | \$32,088,541 | 210 | 156,928 | 133,535 | 290,463 |
| Limited Benefit | \$3,298,714 | \$556,217 | \$1,099,581 | 237 | 16,000 | 8,000 | 24,000 |
| TOTAL | \$201,959,465 | \$124,017,865 | \$55,155,440 | 3,786 | 390,992 | 237,498 | 628,490 |

| SUNSHINE HEALTH COMMUNITY SOLUTIONS, INC. NAIC Company Code 15927 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$8,357,873 | \$14,655,309 | \$0 | 0 | 803 | 0 | 803 |
| TOTAL | \$8,357,873 | \$14,655,309 | \$0 | 0 | 803 | 0 | 803 |

| SUNSHINE STATE HEALTH PLAN, INC. NAIC Company Code 13148 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$35,185,247 | \$45,836,780 | \$0 | 0 | 1,767 | 0 | 1,767 |
| Misc. | \$3,803,242,425 | \$3,288,715,406 | \$0 | 0 | 637,959 | 0 | 637,959 |
| TOTAL | \$3,838,427,672 | \$3,334,552,186 | \$0 | 0 | 639,726 | 0 | 639,726 |

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| SURETY LIFE INSURANCE COMPANY NAIC Company Code 69310 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$2,233 | \$0 | \$0 | 0 | 4 | 0 | 4 |
| TOTAL | \$2,233 | \$0 | \$0 | 0 | 4 | 0 | 4 |

| SYMETRA LIFE INSURANCE COMPANY NAIC Company Code 68608 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$704,346 | \$144,254 | \$874 | 105 | 23,862 | 3,050 | 26,912 |
| Disability Income | \$7,120,020 | \$4,497,461 | \$1,935,261 | 41 | 22,629 | 2 | 22,631 |
| Excess/Stop Loss | \$60,538,302 | \$45,047,442 | \$6,127,673 | 102 | 129,072 | 136,813 | 265,885 |
| Limited Benefit | \$1,958,879 | \$891,890 | \$3,090 | 6 | 3,242 | 1,648 | 4,890 |
| TOTAL | \$70,321,546 | \$50,581,046 | \$8,066,898 | 254 | 178,805 | 141,513 | 320,318 |

| TALCOTT RESOLUTION LIFE AND ANNUITY INSURANCE COMPANY NAIC Company Code 71153 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$2,020 | \$1,786 | \$0 | 58 | 58 | 0 | 58 |
| Limited Benefit | \$11,791 | \$10,422 | \$0 | 127 | 127 | 0 | 127 |
| TOTAL | \$13,811 | \$12,208 | \$0 | 185 | 185 | 0 | 185 |

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| TALCOTT RESOLUTION LIFE INSURANCE COMPANY NAIC Company Code 88072 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$61,298 | \$19,506 | \$194 | 1 | 1,010 | 1 | 1,011 |
| Disability Income | \$172,686 | \$72,499 | \$0 | 10 | 210 | 0 | 210 |
| Limited Benefit | \$517,072 | \$123,398 | \$4,160 | 1 | 203 | 19 | 222 |
| Long Term Care-Non-Facility Only | \$38,233 | \$0 | \$0 | 0 | 21 | 0 | 21 |
| Medicare Supplement | \$206,468 | \$166,668 | \$0 | 4 | 90 | 0 | 90 |
| Other | \$1,358,369 | \$1,037,684 | \$0 | 0 | 3,182 | 0 | 3,182 |
| TOTAL | \$2,354,126 | \$1,419,755 | \$4,354 | 16 | 4,716 | 20 | 4,736 |

| TEACHERS INS. & ANNUITY ASSOCIATION OF AMERICA NAIC Company Code 69345 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$841,012 | \$2,168,732 | \$0 | 0 | 295 | 0 | 295 |
| TOTAL | \$841,012 | \$2,168,732 | \$0 | 0 | 295 | 0 | 295 |

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THE CHESAPEAKE LIFE INSURANCE COMPANY
NAIC Company Code 61832

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,193,670 | \$664,754 | \$632,841 | 0 | 13,463 | 5,621 | 19,084 |
| Dental | \$5,021,104 | \$2,408,257 | \$1,556,139 | 0 | 13,480 | 5,812 | 19,292 |
| Vision | \$1,137,479 | \$469,765 | \$203,787 | 0 | 8,703 | 3,986 | 12,689 |
| Disability Income | \$14,362 | \$-43 | \$0 | 0 | 35 | 0 | 35 |
| Limited Benefit | \$9,786,023 | \$2,768,769 | \$2,546,184 | 0 | 17,161 | 6,204 | 23,365 |
| TOTAL | \$19,152,638 | \$6,311,502 | \$4,938,951 | 0 | 52,842 | 21,623 | 74,465 |

THE CINCINNATI LIFE INSURANCE COMPANY
NAIC Company Code 76236

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$3,024 | \$764 | \$0 | 0 | 4 | 0 | 4 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$97 | \$11 | \$0 | 0 | 8 | 0 | 8 |
| Disability Income | \$16,420 | \$11,124 | \$0 | 0 | 14 | 0 | 14 |
| Limited Benefit | \$820 | \$964 | \$0 | 0 | 11 | 0 | 11 |
| Long Term Care-Comprehensive | \$133,594 | \$132,976 | \$0 | 0 | 57 | 0 | 57 |
| Medicare Supplement | \$738 | \$32 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$154,693 | \$145,871 | \$0 | 0 | 95 | 0 | 95 |

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| THE TRAVELERS INDEMNITY COMPANY NAIC Company Code 25658 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$59 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| TOTAL | \$59 | \$0 | \$0 | 0 | 3 | 0 | 3 |

| THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT NAIC Company Code 25682 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | -\$131,175 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | -\$131,175 | \$0 | 0 | 0 | 0 | 0 |

| THRIVENT FINANCIAL FOR LUTHERANS NAIC Company Code 56014 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$441,179 | \$50,600 | \$0 | 0 | 6 | 0 | 6 |
| Disability Income | \$883,732 | \$226,357 | \$29,854 | 0 | 1,093 | 1 | 1,094 |
| Limited Benefit | \$6,266 | \$3,351 | \$0 | 0 | 50 | 8 | 58 |
| Long Term Care-Comprehensive | \$4,637,830 | \$3,629,616 | \$341,733 | 0 | 2,068 | 307 | 2,375 |
| Long Term Care-Facility Only | \$1,467,714 | \$1,054,360 | \$0 | 0 | 1,120 | 81 | 1,201 |
| Medicare Supplement | \$1,323,247 | \$462,666 | \$193,145 | 0 | 617 | 0 | 617 |
| TOTAL | \$8,759,967 | \$5,426,950 | \$564,733 | 0 | 4,954 | 397 | 5,351 |

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| TIAA-CREF LIFE INSURANCE COMPANY NAIC Company Code 60142 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$1,094,929 | \$1,902,079 | \$0 | 0 | 372 | 0 | 372 |
| TOTAL | \$1,094,929 | \$1,902,079 | \$0 | 0 | 372 | 0 | 372 |

| TIME INSURANCE COMPANY NAIC Company Code 69477 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$332 | \$3,540 | \$0 | 0 | 0 | 0 | 0 |
| Long Term Care-Comprehensive | \$2,882,881 | \$16,264,574 | \$0 | 0 | 2,224 | 0 | 2,224 |
| Long Term Care-Facility Only | \$531,894 | \$3,012,720 | \$0 | 0 | 453 | 0 | 453 |
| Long Term Care-Non-Facility Only | \$950,333 | \$8,342,280 | \$0 | 0 | 799 | 0 | 799 |
| TOTAL | \$4,365,439 | \$27,623,114 | \$0 | 0 | 3,476 | 0 | 3,476 |

| TRANS-OCEANIC LIFE INSURANCE COMPANY NAIC Company Code 69523 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$2,563 | \$0 | \$0 | 0 | 16 | 0 | 16 |
| TOTAL | \$2,563 | \$0 | \$0 | 0 | 16 | 0 | 16 |

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TRANS-OCEANIC LIFE INSURANCE COMPANY OF AMERICA
NAIC Company Code 16715

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Limited Benefit | \$0 | \$0 | \$0 | 0 | 23 | 0 | 23 |
| TOTAL | \$0 | \$0 | \$0 | 0 | 23 | 0 | 23 |

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
NAIC Company Code 70688

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$930 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$586,239 | \$40,187 | \$0 | 44 | 26,661 | 3,367 | 30,028 |
| Disability Income | \$31,405 | \$26,188 | \$0 | 3 | 29 | 32 | 61 |
| Limited Benefit | \$757,960 | \$459,396 | \$0 | 29 | 341 | 94 | 435 |
| Long Term Care-Comprehensive | \$238,717 | \$8,533 | \$0 | 0 | 91 | 0 | 91 |
| Medicare Supplement | \$1,131,001 | \$971,963 | \$0 | 0 | 410 | 6 | 416 |
| Other | \$66 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$2,746,318 | \$1,506,267 | \$0 | 76 | 27,533 | 3,499 | 31,032 |

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| TRANSAMERICA LIFE INSURANCE COMPANY NAIC Company Code 86231 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$3,477 | \$6,719 | \$0 | 0 | 18 | 8 | 26 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$12,043 | \$3,408 | \$0 | 1 | 20 | 8 | 28 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$15,800,280 | \$5,062,635 | \$951,845 | 861 | 275,058 | 88,792 | 363,850 |
| Dental | \$666,498 | \$3,499 | \$0 | 6 | 1,208 | 288 | 1,496 |
| Disability Income | \$730,967 | \$223,884 | \$214,681 | 97 | 1,076 | 950 | 2,026 |
| Limited Benefit | \$37,247,160 | \$17,437,904 | \$9,232,609 | 3,008 | 38,239 | 34,940 | 73,179 |
| Long Term Care-Comprehensive | \$34,061,233 | \$30,577,683 | \$532,806 | 0 | 15,524 | 646 | 16,170 |
| Long Term Care-Facility Only | \$755,001 | \$1,934,131 | \$0 | 0 | 1,876 | 1,334 | 3,210 |
| Long Term Care-Non-Facility Only | \$305,432 | \$1,205,200 | \$0 | 0 | 294 | 0 | 294 |
| Medicare Supplement | \$29,660,006 | \$21,696,710 | \$932,375 | 3 | 11,312 | 104 | 11,416 |
| Other | \$24,783 | \$46,378 | \$198 | 0 | 530 | 483 | 1,013 |
| TOTAL | \$119,266,880 | \$78,198,151 | \$11,864,514 | 3,976 | 345,155 | 127,553 | 472,708 |

| TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA NAIC Company Code 56006 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$754 | \$322 | \$0 | 0 | 50 | 0 | 50 |
| TOTAL | \$754 | \$322 | \$0 | 0 | 50 | 0 | 50 |

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| TRUASSURE INSURANCE COMPANY NAIC Company Code 92525 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Dental | \$41,749 | \$25,247 | \$9,920 | 1 | 61 | 22 | 83 |
| TOTAL | \$41,749 | \$25,247 | \$9,920 | 1 | 61 | 22 | 83 |

| TRUSTMARK INSURANCE COMPANY NAIC Company Code 61425 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$204,781 | \$1,184,860 | \$0 | 0 | 19 | 3 | 22 |
| Grandfathered (In-State and Out-of-State) Conversion | \$42,291 | \$47,777 | \$0 | 0 | 5 | 1 | 6 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$13,708,649 | \$4,991,625 | \$0 | 1 | 37,196 | 33,670 | 70,866 |
| Disability Income | \$2,922,017 | \$3,145,681 | \$0 | 2 | 4,223 | 0 | 4,223 |
| Limited Benefit | \$11,138,581 | \$3,237,754 | \$0 | 13 | 22,463 | 7,986 | 30,449 |
| Long Term Care-Comprehensive | \$2,288 | \$0 | \$0 | 0 | 4 | 0 | 4 |
| Long Term Care-Accelerated Benefit Rider | \$4,470,638 | \$102,085 | \$0 | 230 | 54,869 | 0 | 54,869 |
| Medicare Supplement | \$6,214 | \$2,875 | \$0 | 0 | 5 | 0 | 5 |
| TOTAL | \$32,495,459 | \$12,712,657 | \$0 | 246 | 118,784 | 41,660 | 160,444 |

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TRUSTMARK LIFE INSURANCE COMPANY
NAIC Company Code 62863

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$18,278 | \$28,263 | \$0 | 4 | 1,626 | 0 | 1,626 |
| Dental | \$0 | \$6,017 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$0 | \$36,504 | \$0 | 0 | 0 | 0 | 0 |
| Excess/Stop Loss | \$2,121,323 | \$1,016,461 | \$685,656 | 29 | 608 | 392 | 1,000 |
| TOTAL | \$2,139,601 | \$1,087,245 | \$685,656 | 33 | 2,234 | 392 | 2,626 |

U.S. SPECIALTY INSURANCE COMPANY
NAIC Company Code 29599

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$814 | \$-3,023 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$814 | \$-3,023 | \$0 | 0 | 0 | 0 | 0 |

ULTIMATE HEALTH PLANS, INC.
NAIC Company Code 14243

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--------------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Advantage (Medicare+Choice) | \$92,369,776 | \$73,515,641 | \$0 | 0 | 7,498 | 0 | 7,498 |
| TOTAL | \$92,369,776 | \$73,515,641 | \$0 | 0 | 7,498 | 0 | 7,498 |

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| UNICARE LIFE & HEALTH INSURANCE COMPANY NAIC Company Code 80314 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$967 | \$876 | \$0 | 0 | 0 | 0 | 0 |
| Dental | \$5,544 | \$3,866 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$17,776 | \$19,015 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$24,287 | \$23,757 | \$0 | 0 | 0 | 0 | 0 |

| UNIFIED LIFE INSURANCE COMPANY NAIC Company Code 11121 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$5,205 | \$24,007 | \$0 | 0 | 15 | 0 | 15 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$115,071 | \$76,857 | \$94,934 | 0 | 1,134 | 353 | 1,487 |
| Disability Income | \$6,115 | \$37,356 | \$0 | 0 | 87 | 0 | 87 |
| Limited Benefit | \$32,185,450 | \$26,938,090 | \$31,886,193 | 0 | 2,039 | 1,265 | 3,304 |
| Medicare Supplement | \$89,296 | \$78,199 | \$0 | 0 | 41 | 0 | 41 |
| Other | \$7,030 | \$7,297 | \$0 | 0 | 9 | 1 | 10 |
| TOTAL | \$32,408,167 | \$27,161,806 | \$31,981,127 | 0 | 3,325 | 1,619 | 4,944 |

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| UNIMERICA INSURANCE COMPANY NAIC Company Code 91529 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$9,685,386 | \$5,163,013 | \$0 | 220 | 8,412 | 8,913 | 17,325 |
| Other | \$7,913 | \$2,203 | \$0 | 4 | 43 | 27 | 70 |
| TOTAL | \$9,693,299 | \$5,165,216 | \$0 | 224 | 8,455 | 8,940 | 17,395 |

| UNION FIDELITY LIFE INSURANCE COMPANY NAIC Company Code 62596 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$2,418 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$233,759 | \$41,140 | \$0 | 0 | 3,060 | 2,491 | 5,551 |
| Disability Income | \$0 | \$17,812 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$459,167 | \$1,515,880 | \$0 | 0 | 2,525 | 844 | 3,369 |
| Short Term Care | \$0 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| Medicare Supplement | \$8,257 | \$7,263 | \$0 | 0 | 3 | 0 | 3 |
| TOTAL | \$703,601 | \$1,582,095 | \$0 | 0 | 5,594 | 3,335 | 8,929 |

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| UNION LABOR LIFE INSURANCE COMPANY NAIC Company Code 69744 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$105,612 | \$46,217 | \$3,228 | 95 | 22,363 | 636 | 22,999 |
| Dental | \$2,363 | \$479 | \$0 | 2 | 3 | 5 | 8 |
| Disability Income | \$8,635 | \$211 | \$60 | 7 | 42 | 0 | 42 |
| Excess/Stop Loss | \$94,281 | \$0 | \$0 | 1 | 807 | 1,211 | 2,018 |
| Limited Benefit | \$48,250 | \$41,932 | \$0 | 1 | 293 | 134 | 427 |
| Long Term Care-Comprehensive | \$52,983 | \$132,254 | \$0 | 0 | 23 | 0 | 23 |
| Medicare Supplement | \$9,064 | \$26,250 | \$0 | 8 | 8 | 0 | 8 |
| TOTAL | \$321,186 | \$247,342 | \$3,289 | 114 | 23,539 | 1,986 | 25,525 |

| UNION NATIONAL LIFE INSURANCE COMPANY NAIC Company Code 69779 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$64 | \$0 | \$0 | 0 | 3 | 0 | 3 |
| Disability Income | \$154 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| Limited Benefit | \$218 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$436 | \$0 | \$0 | 0 | 6 | 0 | 6 |

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| UNION SECURITY INSURANCE COMPANY NAIC Company Code 70408 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$283,311 | \$97,217 | \$0 | 1 | 1,220 | 1,463 | 2,683 |
| Dental | \$1,775,756 | \$1,175,826 | \$0 | 25 | 1,428 | 1,380 | 2,808 |
| Vision | \$33,170 | \$28,620 | \$0 | 8 | 188 | 169 | 357 |
| Disability Income | \$576,012 | \$1,162,016 | \$0 | 16 | 857 | 1 | 858 |
| Limited Benefit | \$53,697 | \$-59,621 | \$0 | 6 | 7 | 0 | 7 |
| Long Term Care-Comprehensive | \$5,327,084 | \$30,029,333 | \$0 | 0 | 4,320 | 0 | 4,320 |
| Long Term Care-Facility Only | \$99,388 | \$906,549 | \$0 | 0 | 103 | 0 | 103 |
| Medicare Supplement | \$58,219 | \$13,093 | \$0 | 0 | 21 | 0 | 21 |
| TOTAL | \$8,206,637 | \$33,353,033 | \$0 | 56 | 8,144 | 3,013 | 11,157 |

| UNITED AMERICAN INSURANCE COMPANY NAIC Company Code 92916 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$6,615 | \$50 | \$0 | 0 | 1 | 0 | 1 |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$857,075 | \$526,614 | \$0 | 0 | 688 | 217 | 905 |
| Transitional (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$2,474 | \$605 | \$0 | 1 | 1 | 0 | 1 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$7,333 | \$4,277 | \$933 | 0 | 669 | 0 | 669 |
| Disability Income | \$23 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| Limited Benefit | \$879,803 | \$423,004 | \$21,940 | 0 | 2,547 | 1,073 | 3,620 |

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UNITED AMERICAN INSURANCE COMPANY
NAIC Company Code 92916

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Long Term Care-Comprehensive | \$57,952 | \$21,243 | \$0 | 0 | 32 | 0 | 32 |
| Long Term Care-Facility Only | \$29,638 | \$-15,231 | \$0 | 0 | 26 | 0 | 26 |
| Medicare Supplement | \$200,268,332 | \$121,387,373 | \$24,528,367 | 0 | 94,980 | 0 | 94,980 |
| Other | \$3,865,731 | \$2,995,920 | \$152,335 | 24 | 1,365 | 0 | 1,365 |
| TOTAL | \$205,974,976 | \$125,343,855 | \$24,703,575 | 25 | 100,311 | 1,290 | 101,601 |

UNITED CONCORDIA INSURANCE COMPANY
NAIC Company Code 85766

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Dental | \$6,127,390 | \$4,369,373 | \$260,228 | 334 | 9,982 | 8,664 | 18,646 |
| Vision | \$56,273 | \$24,782 | \$4,517 | 45 | 529 | 338 | 867 |
| TOTAL | \$6,183,663 | \$4,394,155 | \$264,745 | 379 | 10,511 | 9,002 | 19,513 |

UNITED HERITAGE LIFE INSURANCE COMPANY
NAIC Company Code 63983

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$-4 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$4,710 | \$352 | \$0 | 0 | 19 | 0 | 19 |
| Limited Benefit | \$0 | \$-1 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$4,710 | \$347 | \$0 | 0 | 19 | 0 | 19 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business***

| UNITED INSURANCE COMPANY OF AMERICA NAIC Company Code 69930 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$341,969 | \$28,802 | \$5,965 | 0 | 3,268 | 176 | 3,444 |
| Disability Income | \$25,312 | \$1,431 | \$0 | 0 | 517 | 0 | 517 |
| Limited Benefit | \$628,523 | \$184,261 | \$12,544 | 0 | 3,808 | 2,026 | 5,834 |
| TOTAL | \$995,804 | \$214,494 | \$18,509 | 0 | 7,593 | 2,202 | 9,795 |

| UNITED LIFE INSURANCE COMPANY NAIC Company Code 69973 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$3,771 | \$0 | \$146 | 0 | 5 | 0 | 5 |
| TOTAL | \$3,771 | \$0 | \$146 | 0 | 5 | 0 | 5 |

| UNITED OF OMAHA LIFE INSURANCE COMPANY NAIC Company Code 69868 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) Guarantee Issue (HIPAA, FS 627.6487(3)) | \$14,684 | \$55,415 | \$0 | 0 | 2 | 0 | 2 |
| Administrative Services Only (ASO) | \$213,663 | \$0 | \$10,870 | 54 | 5,077 | 0 | 5,077 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$5,534,247 | \$1,673,001 | \$745,968 | 2,396 | 274,245 | 22,305 | 296,550 |
| Dental | \$11,665,440 | \$7,180,068 | \$2,388,239 | 264 | 18,798 | 14,682 | 33,480 |
| Vision | \$733,533 | \$406,797 | \$475,691 | 133 | 8,111 | 5,819 | 13,930 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

UNITED OF OMAHA LIFE INSURANCE COMPANY
NAIC Company Code 69868

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$55,611,024 | \$39,792,402 | \$5,339,219 | 2,866 | 217,403 | 0 | 217,403 |
| Limited Benefit | \$1,263,586 | \$208,755 | \$330,450 | 132 | 5,561 | 1,322 | 6,883 |
| Long Term Care-Comprehensive | \$3,190,029 | \$120,671 | \$0 | 0 | 1,445 | 0 | 1,445 |
| Medicare Supplement | \$30,865,118 | \$19,724,845 | \$5,510,602 | 0 | 12,074 | 0 | 12,074 |
| TOTAL | \$109,091,323 | \$69,161,954 | \$14,801,040 | 5,845 | 542,716 | 44,128 | 586,844 |

UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA
NAIC Company Code 42129

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|----------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Limited Benefit | \$27,912 | \$7,712 | \$0 | 0 | 57 | 0 | 57 |
| Long Term Care-Comprehensive | \$1,452,667 | \$-251,745 | \$0 | 0 | 483 | 0 | 483 |
| Long Term Care-Non-Facility Only | \$357,589 | \$237,896 | \$0 | 0 | 260 | 0 | 260 |
| TOTAL | \$1,838,168 | \$-6,137 | \$0 | 0 | 800 | 0 | 800 |

UNITED STATES FIDELITY AND GUARANTY COMPANY
NAIC Company Code 25887

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$0 | \$-3,813 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$0 | \$-3,813 | \$0 | 0 | 0 | 0 | 0 |

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UNITED STATES FIRE INSURANCE COMPANY
NAIC Company Code 21113

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$6,097,568 | \$3,369,418 | \$0 | 0 | 27,657 | 84,468 | 112,125 |
| Excess/Stop Loss | \$15,373,928 | \$10,759,131 | \$0 | 0 | 72,559 | 1,453 | 74,012 |
| Limited Benefit | \$2,629,861 | \$1,109,866 | \$0 | 0 | 3,506 | 4,334 | 7,840 |
| TOTAL | \$24,101,357 | \$15,238,415 | \$0 | 0 | 103,722 | 90,255 | 193,977 |

UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION
NAIC Company Code 56456

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$31,465 | \$28,975 | \$0 | 0 | 185 | 64 | 249 |
| Limited Benefit | \$19,449 | \$7,570 | \$0 | 0 | 60 | 0 | 60 |
| TOTAL | \$50,914 | \$36,545 | \$0 | 0 | 245 | 64 | 309 |

UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK
NAIC Company Code 70106

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$1,885,427 | \$1,619,057 | \$0 | 17 | 3,272 | 1,953 | 5,225 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$2,397,205 | \$180,405 | \$0 | 9 | 9 | 20,561 | 20,570 |
| Disability Income | \$-31,432 | \$1,137,273 | \$0 | 14 | 14 | 0 | 14 |
| Limited Benefit | \$2,075 | \$-1,230 | \$0 | 7 | 7 | 0 | 7 |

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List of Companies and all Health Business**

UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK
NAIC Company Code 70106

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Long Term Care-Comprehensive | \$87,547 | \$202,631 | \$0 | 26 | 26 | 4 | 30 |
| TOTAL | \$4,340,822 | \$3,138,136 | \$0 | 73 | 3,328 | 22,518 | 25,846 |

UNITED WORLD LIFE INSURANCE COMPANY
NAIC Company Code 72850

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Medicare Supplement | \$9,565,372 | \$7,235,033 | \$0 | 0 | 3,701 | 0 | 3,701 |
| TOTAL | \$9,565,372 | \$7,235,033 | \$0 | 0 | 3,701 | 0 | 3,701 |

UNITEDHEALTHCARE INSURANCE COMPANY
NAIC Company Code 79413

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$315,725,598 | \$258,239,068 | \$48,073,303 | 11,629 | 21,252 | 16,090 | 37,342 |
| ACA Off Exchange 51-100 Member Groups | \$231,401,077 | \$189,161,349 | \$26,135,363 | 4,088 | 24,292 | 16,346 | 40,638 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$116,414,877 | \$96,860,351 | \$17,410,146 | 2,702 | 12,360 | 8,640 | 21,000 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$8,626,614 | \$7,119,221 | \$0 | 121 | 491 | 347 | 838 |
| Grandfathered (In-State and Out-of-State) 51-100 Member Groups | \$2,103,658 | \$1,739,442 | \$0 | 6 | 137 | 157 | 294 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$126,069,127 | \$104,190,821 | \$591,190 | 2,378 | 9,567 | 6,764 | 16,331 |

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| UNITEDHEALTHCARE INSURANCE COMPANY | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| NAIC Company Code 79413 | | | | | | | |
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Transitional (In-State and Out-of-State) 51-100 Member Groups | \$1,601,660 | \$1,310,067 | \$19,708 | 9 | 152 | 88 | 240 |
| Transitional (In-State and Out-of-State) 101+ Member Groups (FS 627.652) | \$759,521,184 | \$633,479,076 | \$77,017,459 | 3,759 | 92,812 | 63,085 | 155,897 |
| Dental | \$129,298,554 | \$82,704,727 | \$9,935,494 | 8,401 | 259,200 | 179,645 | 438,845 |
| Prescription Drug | \$328,918,247 | \$270,881,158 | \$10,824,485 | 0 | 341,260 | 0 | 341,260 |
| Vision | \$31,044,569 | \$19,297,884 | \$1,922,215 | 10,645 | 300,319 | 196,985 | 497,304 |
| Disability Income | \$10,561,718 | \$7,648,981 | \$595,101 | 1,133 | 49,490 | 0 | 49,490 |
| Excess/Stop Loss | \$42,693,399 | \$34,400,072 | \$0 | 467 | 43,113 | 42,936 | 86,049 |
| Limited Benefit | \$5,416,045 | \$4,364,805 | \$0 | 1 | 18,509 | 0 | 18,509 |
| Medicare Supplement | \$1,211,255,400 | \$976,153,884 | \$26,357,441 | 1 | 499,630 | 0 | 499,630 |
| Medicare Advantage (Medicare+Choice) | \$4,167,905,020 | \$3,333,265,342 | \$1,833,774,977 | 0 | 221,784 | 0 | 221,784 |
| Other | \$73,743,541 | \$58,696,737 | \$4,563,495 | 32 | 40,295 | 0 | 40,295 |
| Misc. | \$32,468,707 | \$26,795,831 | \$1,943,980 | 0 | 5,803 | 0 | 5,803 |
| TOTAL | \$7,594,768,995 | \$6,106,308,816 | \$2,059,164,357 | 45,372 | 1,940,466 | 531,083 | 2,471,549 |

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| UNITEDHEALTHCARE LIFE INSURANCE COMPANY NAIC Company Code 97179 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA Off Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$-134 | \$-91,588 | \$0 | 0 | 0 | 0 | 0 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$46,247 | \$1,468 | \$0 | 0 | 164 | 73 | 237 |
| Dental | \$1,682,151 | \$938,638 | \$0 | 0 | 3,217 | 1,362 | 4,579 |
| Vision | \$150,562 | \$72,079 | \$0 | 0 | 1,137 | 1,186 | 2,323 |
| Limited Benefit | \$47,781 | \$54,394 | \$0 | 0 | 107 | 12 | 119 |
| TOTAL | \$1,926,607 | \$974,991 | \$0 | 0 | 4,625 | 2,633 | 7,258 |

| UNITEDHEALTHCARE OF FLORIDA, INC. NAIC Company Code 95264 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| ACA On Exchange Guarantee Issue (HIPAA, FS 627.6487(3)) | \$53,740,711 | \$-273,923 | \$0 | 0 | 0 | 0 | 0 |
| ACA Off Exchange 2 - 50 Member Groups (FS 627.6699) | \$286,831,719 | \$237,764,119 | \$20,035,941 | 5,864 | 24,461 | 12,946 | 37,407 |
| ACA Off Exchange 51-100 Member Groups | \$95,611,880 | \$82,709,061 | \$5,221,471 | 830 | 11,564 | 6,428 | 17,992 |
| ACA Off Exchange 101+ Member Groups (FS 627.652) | \$50,059,661 | \$36,239,643 | \$582,174 | 54 | 4,788 | 2,452 | 7,240 |
| Grandfathered (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$266,846 | \$110,362 | \$0 | 3 | 9 | 8 | 17 |
| Transitional (In-State and Out-of-State) 2 - 50 Member Groups (FS 627.6699) | \$63,667,032 | \$48,102,564 | \$0 | 1,107 | 6,616 | 3,687 | 10,303 |
| Medicare Advantage (Medicare+Choice) | \$22,219,950 | \$17,765,292 | \$22,219,950 | 0 | 1,891 | 0 | 1,891 |

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| UNITEDHEALTHCARE OF FLORIDA, INC. NAIC Company Code 95264 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Misc. | \$1,423,258,500 | \$1,175,759,123 | \$245,374,951 | 2 | 287,530 | 0 | 287,530 |
| TOTAL | \$1,995,656,299 | \$1,598,176,241 | \$293,434,487 | 7,860 | 336,859 | 25,521 | 362,380 |

| UNUM INSURANCE COMPANY NAIC Company Code 67601 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$276,331 | \$66,594 | \$276,331 | 1,336 | 1,336 | 471 | 1,807 |
| Limited Benefit | \$3,077,081 | \$1,154,993 | \$871,561 | 506 | 15,486 | 6,545 | 22,031 |
| TOTAL | \$3,353,412 | \$1,221,587 | \$1,147,892 | 1,842 | 16,822 | 7,016 | 23,838 |

| UNUM LIFE INSURANCE COMPANY OF AMERICA NAIC Company Code 62235 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$13,582,880 | \$4,257,083 | \$1,399,688 | 2,174 | 416,030 | 65,213 | 481,243 |
| Disability Income | \$134,358,069 | \$100,776,503 | \$10,810,476 | 2,342 | 381,137 | 0 | 381,137 |
| Limited Benefit | \$9,379,894 | \$1,015,876 | \$1,683,366 | 623 | 27,091 | 11,719 | 38,810 |
| Long Term Care-Comprehensive | \$24,072,114 | \$46,990,325 | \$449,693 | 277 | 35,942 | 1,976 | 37,918 |
| TOTAL | \$181,392,957 | \$153,039,787 | \$14,343,223 | 5,416 | 860,200 | 78,908 | 939,108 |

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USAA LIFE INSURANCE COMPANY
NAIC Company Code 69663

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$12,874 | \$0 | \$0 | 1 | 84 | 0 | 84 |
| Disability Income | \$159,433 | \$346,539 | \$0 | 0 | 164 | 0 | 164 |
| Limited Benefit | \$10,879 | \$2,000 | \$0 | 0 | 19 | 0 | 19 |
| Medicare Supplement | \$33,146,906 | \$22,500,610 | \$1,284,310 | 0 | 11,032 | 0 | 11,032 |
| TOTAL | \$33,330,092 | \$22,849,149 | \$1,284,310 | 1 | 11,299 | 0 | 11,299 |

USABLE LIFE
NAIC Company Code 94358

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$6,257,178 | \$996,207 | \$2,571,768 | 59 | 32,479 | 2,511 | 34,990 |
| Disability Income | \$8,056,938 | \$1,721,262 | \$7,440,739 | 16 | 34,788 | 0 | 34,788 |
| Limited Benefit | \$3,196,684 | \$1,167,260 | \$1,386,689 | 83 | 12,392 | 3,329 | 15,721 |
| TOTAL | \$17,510,800 | \$3,884,729 | \$11,399,196 | 158 | 79,659 | 5,840 | 85,499 |

VENERABLE INSURANCE AND ANNUITY COMPANY
NAIC Company Code 80942

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|-----------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$0 | \$961 | \$0 | 0 | 0 | 0 | 0 |
| Limited Benefit | \$1,029 | \$0 | \$0 | 0 | 33 | 0 | 33 |
| TOTAL | \$1,029 | \$961 | \$0 | 0 | 33 | 0 | 33 |

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| VIGILANT INSURANCE COMPANY NAIC Company Code 20397 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$21,014 | \$379 | \$0 | 3 | 45 | 113 | 158 |
| TOTAL | \$21,014 | \$379 | \$0 | 3 | 45 | 113 | 158 |

| VISION SERVICE PLAN INSURANCE COMPANY NAIC Company Code 32395 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Vision | \$75,893,958 | \$51,163,229 | \$3,197,387 | 599 | 591,433 | 729,740 | 1,321,173 |
| TOTAL | \$75,893,958 | \$51,163,229 | \$3,197,387 | 599 | 591,433 | 729,740 | 1,321,173 |

| VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY NAIC Company Code 86509 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Long Term Care-Comprehensive | \$2,267 | \$249 | \$0 | 0 | 8 | 0 | 8 |
| Medicare Supplement | \$2,127 | \$-37 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$4,394 | \$212 | \$0 | 0 | 9 | 0 | 9 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business***

| WASHINGTON NATIONAL INSURANCE COMPANY NAIC Company Code 70319 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$23,867 | \$-10,501 | \$0 | 0 | 3 | 0 | 3 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$9,069,751 | \$1,736,882 | \$1,056,406 | 3 | 21,115 | 1,132 | 22,247 |
| Disability Income | \$9,719 | \$-22,955 | \$0 | 1 | 18 | 0 | 18 |
| Limited Benefit | \$25,962,444 | \$16,366,858 | \$2,562,771 | 7 | 48,285 | 12,282 | 60,567 |
| Long Term Care-Comprehensive | \$986,746 | \$4,188,502 | \$0 | 10 | 841 | 0 | 841 |
| Medicare Supplement | \$1,117,350 | \$1,035,856 | \$0 | 0 | 401 | 2 | 403 |
| Other | \$9,368 | \$22,208 | \$0 | 1 | 8 | 0 | 8 |
| TOTAL | \$37,179,245 | \$23,316,850 | \$3,619,177 | 22 | 70,671 | 13,416 | 84,087 |

| WELLCARE HEALTH INSURANCE OF ARIZONA, INC. NAIC Company Code 83445 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$27,516,294 | \$21,698,286 | \$16,892,774 | 0 | 2,960 | 0 | 2,960 |
| TOTAL | \$27,516,294 | \$21,698,286 | \$16,892,774 | 0 | 2,960 | 0 | 2,960 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| WELLCARE OF FLORIDA, INC. NAIC Company Code 95081 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Medicare Advantage (Medicare+Choice) | \$1,724,989,208 | \$1,416,774,123 | \$298,417,345 | 0 | 111,756 | 0 | 111,756 |
| Misc. | \$6,012,062,939 | \$5,064,991,381 | \$0 | 0 | 1,105,691 | 0 | 1,105,691 |
| TOTAL | \$7,737,052,147 | \$6,481,765,504 | \$298,417,345 | 0 | 1,217,447 | 0 | 1,217,447 |

| WELLCARE PRESCRIPTION INSURANCE, INC. NAIC Company Code 10155 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Prescription Drug | \$115,049,197 | \$88,771,007 | \$3,919,253 | 0 | 218,431 | 0 | 218,431 |
| TOTAL | \$115,049,197 | \$88,771,007 | \$3,919,253 | 0 | 218,431 | 0 | 218,431 |

| WELLFLEET INSURANCE COMPANY NAIC Company Code 32280 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$342,538 | \$180,767 | \$0 | 13 | 123 | 0 | 123 |
| Other | \$3,836,481 | \$3,480,134 | \$0 | 11 | 2,469 | 23 | 2,492 |
| TOTAL | \$4,179,019 | \$3,660,901 | \$0 | 24 | 2,592 | 23 | 2,615 |

CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business

| WEST COAST LIFE INSURANCE COMPANY NAIC Company Code 70335 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$95 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| TOTAL | \$95 | \$0 | \$0 | 0 | 1 | 0 | 1 |

| WESTERN AND SOUTHERN LIFE INSURANCE COMPANY NAIC Company Code 70483 | | | | | | | |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$112,229 | \$0 | \$7,550 | 0 | 883 | 728 | 1,611 |
| Limited Benefit | \$1,318,063 | \$1,362,139 | \$72,545 | 0 | 2,247 | 813 | 3,060 |
| TOTAL | \$1,430,292 | \$1,362,139 | \$80,095 | 0 | 3,130 | 1,541 | 4,671 |

| WESTERN UNITED LIFE ASSURANCE COMPANY NAIC Company Code 85189 | | | | | | | |
|---|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Limited Benefit | \$436 | \$0 | \$0 | 0 | 8 | 5 | 13 |
| Medicare Supplement | \$135,533 | \$0 | \$19,144 | 0 | 113 | 0 | 113 |
| TOTAL | \$135,969 | \$0 | \$19,144 | 0 | 121 | 5 | 126 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| WESTPORT INSURANCE CORPORATION NAIC Company Code 39845 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Excess/Stop Loss | \$9,404,148 | \$6,954,596 | \$0 | 15 | 1,609 | 3,620 | 5,229 |
| TOTAL | \$9,404,148 | \$6,954,596 | \$0 | 15 | 1,609 | 3,620 | 5,229 |

| WILCAC LIFE INSURANCE COMPANY NAIC Company Code 62413 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Grandfathered (In-State and Out-of-State) Individually Underwritten | \$4,489 | \$186,892 | \$0 | 0 | 4 | 0 | 4 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$896 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$282,151 | \$382,204 | \$0 | 0 | 13 | 0 | 13 |
| Long Term Care-Comprehensive | \$8,278 | \$13,057 | \$0 | 0 | 0 | 0 | 0 |
| Long Term Care-Facility Only | \$1,556 | \$2,108 | \$0 | 0 | 0 | 0 | 0 |
| Medicare Supplement | \$52,697 | \$71,384 | \$0 | 0 | 0 | 0 | 0 |
| TOTAL | \$350,067 | \$655,645 | \$0 | 0 | 17 | 0 | 17 |

| WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK NAIC Company Code 66230 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Disability Income | \$1,031 | \$10,785 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$0 | \$0 | \$0 | 0 | 9 | 0 | 9 |
| TOTAL | \$1,031 | \$10,785 | \$0 | 0 | 10 | 0 | 10 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

WILTON REASSURANCE LIFE COMPANY OF NEW YORK
NAIC Company Code 60704

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Grandfathered (In-State and Out-of-State) Conversion | \$1,901 | \$623 | \$0 | 0 | 4 | 0 | 4 |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$76 | \$0 | \$0 | 0 | 1 | 0 | 1 |
| Limited Benefit | \$258 | \$788 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$2,235 | \$1,411 | \$0 | 0 | 7 | 0 | 7 |

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY/OMAHA WOODMEN
NAIC Company Code 57320

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|------------------------------|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Disability Income | \$7,751 | \$26,916 | \$0 | 0 | 4 | 0 | 4 |
| Limited Benefit | \$359,870 | \$299,868 | \$0 | 0 | 1,817 | 7 | 1,824 |
| Long Term Care-Comprehensive | \$43,667 | \$43,753 | \$0 | 0 | 24 | 0 | 24 |
| TOTAL | \$411,288 | \$370,537 | \$0 | 0 | 1,845 | 7 | 1,852 |

WORKMEN'S BENEFIT FUND OF THE USA
NAIC Company Code 57290

| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
|--|--|-------------------------------|---|------------------------|-------------------------|---------------------------|----------------------|
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$35 | \$0 | \$0 | 0 | 2 | 0 | 2 |
| TOTAL | \$35 | \$0 | \$0 | 0 | 2 | 0 | 2 |

**CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
List of Companies and all Health Business**

| ZURICH AMERICAN INSURANCE COMPANY NAIC Company Code 16535 | | | | | | | |
|---|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | \$8,593,528 | \$3,850,704 | \$1,460,391 | 260 | 565,256 | 18,866 | 584,122 |
| Excess/Stop Loss | \$995,832 | \$-246,242 | \$0 | 1 | 1,536 | 1,229 | 2,765 |
| TOTAL | \$9,589,360 | \$3,604,462 | \$1,460,391 | 261 | 566,792 | 20,095 | 586,887 |

| ZURICH AMERICAN LIFE INSURANCE COMPANY NAIC Company Code 90557 | | | | | | | |
|--|--|-----------------------------------|---|------------------------|-------------------------|-------------------------------|----------------------|
| <i>Market Segment</i> | <i>Direct Premiums Earned for New and Renewal Business</i> | <i>Direct Losses Incurred</i> | <i>Direct Premiums Earned for New Business Only</i> | <i>Employer Groups</i> | <i>Primary Insureds</i> | <i>Covered Dependents</i> | <i>Covered Lives</i> |
| Administrative Services Only (ASO) | \$3,071 | \$0 | \$0 | 0 | 0 | 0 | 0 |
| Disability Income | \$3,270,069 | \$4,874,154 | \$8,496 | 29 | 12,686 | 0 | 12,686 |
| TOTAL | \$3,273,140 | \$4,874,154 | \$8,496 | 29 | 12,686 | 0 | 12,686 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

***NAIC
Company
Code***

| | | |
|----|---|-------|
| 1 | ACCREDITED SURETY AND CASUALTY COMPANY, INC. | 26379 |
| 2 | ACE FIRE UNDERWRITERS INSURANCE COMPANY | 20702 |
| 3 | ACE LIFE INSURANCE COMPANY | 60348 |
| 4 | ACE PROPERTY AND CASUALTY INSURANCE COMPANY | 20699 |
| 5 | AETNA HEALTH INSURANCE COMPANY | 72052 |
| 6 | AETNA INSURANCE COMPANY OF CONNECTICUT | 36153 |
| 7 | AIG PROPERTY CASUALTY COMPANY | 19402 |
| 8 | ALLIED INSURANCE COMPANY OF AMERICA | 10127 |
| 9 | ALLSTATE INSURANCE COMPANY | 19232 |
| 10 | AMERICAN AUTOMOBILE INSURANCE COMPANY | 21849 |
| 11 | AMERICAN COMMERCE INSURANCE COMPANY | 19941 |
| 12 | AMERICAN FAMILY CONNECT PROPERTY & CASUALTY INSURANCE COMPANY | 29068 |
| 13 | AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY | 26247 |
| 14 | AMERICAN HEALTH PLAN OF FLORIDA, INC. | 16821 |
| 15 | AMERICAN INSURANCE COMPANY (THE) | 21857 |
| 16 | AMERICAN RELIABLE INSURANCE COMPANY | 19615 |
| 17 | AMERICAN SECURITY INSURANCE COMPANY | 42978 |
| 18 | AMERICAN SOUTHERN HOME INSURANCE COMPANY | 41998 |
| 19 | AMERICAN SOUTHERN INSURANCE COMPANY | 10235 |
| 20 | AMERICAN SPECIALTY HEALTH INSURANCE COMPANY | 84697 |
| 21 | AMERICAN ZURICH INSURANCE COMPANY | 40142 |
| 22 | ARCH LIFE INSURANCE COMPANY OF AMERICA | 71455 |
| 23 | ARGONAUT INSURANCE COMPANY | 19801 |
| 24 | ARROWOOD INDEMNITY COMPANY | 24678 |
| 25 | ASSOCIATED INDEMNITY CORPORATION | 21865 |
| 26 | AVEMCO INSURANCE COMPANY | 10367 |
| 27 | AXIS REINSURANCE COMPANY | 20370 |
| 28 | AXIS SPECIALTY INSURANCE COMPANY | 15610 |
| 29 | BALBOA INSURANCE COMPANY | 24813 |
| 30 | BANKERS FIDELITY ASSURANCE COMPANY | 71919 |
| 31 | BANKERS INSURANCE COMPANY | 33162 |
| 32 | BANKERS STANDARD INSURANCE COMPANY | 18279 |
| 33 | BENCHMARK INSURANCE COMPANY | 41394 |
| 34 | BERKLEY INSURANCE COMPANY | 32603 |
| 35 | BLACKBOARD INSURANCE COMPANY | 26611 |
| 36 | BROTHERHOOD MUTUAL INSURANCE COMPANY | 13528 |
| 37 | CAROLINA CASUALTY INSURANCE COMPANY | 10510 |
| 38 | CENTRE INSURANCE COMPANY | 34649 |
| 39 | CENTURION LIFE INSURANCE COMPANY | 62383 |
| 40 | CHEROKEE INSURANCE COMPANY | 10642 |
| 41 | CITY NATIONAL INSURANCE COMPANY | 41335 |
| 42 | CLARENDON NATIONAL INSURANCE COMPANY | 20532 |
| 43 | CLEAR SPRING PROPERTY AND CASUALTY COMPANY | 15563 |
| 44 | CLOVER INSURANCE COMPANY | 86371 |
| 45 | COEFFICIENT INSURANCE COMPANY | 93521 |
| 46 | CONTINENTAL INSURANCE COMPANY | 35289 |
| 47 | DAILY UNDERWRITERS OF AMERICA | 35483 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

***NAIC
Company
Code***

| | | |
|----|--|-------|
| 48 | DEVOTED HEALTH INSURANCE COMPANY | 16385 |
| 49 | DIRECT GENERAL INSURANCE COMPANY | 42781 |
| 50 | DIRECT GENERAL LIFE INSURANCE COMPANY | 97705 |
| 51 | DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY | 36463 |
| 52 | EDUCATORS LIFE INSURANCE COMPANY OF AMERICA | 62790 |
| 53 | EMPIRE FIRE AND MARINE INSURANCE COMPANY | 21326 |
| 54 | EMPLOYERS REASSURANCE CORPORATION | 68276 |
| 55 | ENDURANCE AMERICAN INSURANCE COMPANY | 10641 |
| 56 | ENDURANCE ASSURANCE CORPORATION | 11551 |
| 57 | EPIC LIFE INSURANCE COMPANY | 64149 |
| 58 | EVEREST DENALI INSURANCE COMPANY | 16044 |
| 59 | EVEREST PREMIER INSURANCE COMPANY | 16045 |
| 60 | FEDERATED MUTUAL INSURANCE COMPANY | 13935 |
| 61 | FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC. | 25879 |
| 62 | FIREMAN'S FUND INSURANCE COMPANY | 21873 |
| 63 | FIRST CARE, INC. | 60113 |
| 64 | FIRST LIBERTY INSURANCE CORPORATION (THE) | 33588 |
| 65 | FLORIDA MHS, INC | 14447 |
| 66 | FMH AG RISK INSURANCE COMPANY | 36781 |
| 67 | FRESENIUS HEALTH PLANS INSURANCE COMPANY | 85286 |
| 68 | GLOBAL MEDEVAC OF FLORIDA, INC. | |
| 69 | GRANITE STATE INSURANCE COMPANY | 23809 |
| 70 | GREAT DIVIDE INSURANCE COMPANY | 25224 |
| 71 | GREENHOUSE LIFE INSURANCE COMPANY | 80055 |
| 72 | GUIDEONE INSURANCE COMPANY | 15032 |
| 73 | HARKEN HEALTH INSURANCE COMPANY | 79480 |
| 74 | HARTFORD ACCIDENT AND INDEMNITY COMPANY | 22357 |
| 75 | HARTFORD CASUALTY INSURANCE COMPANY | 29424 |
| 76 | HARTFORD UNDERWRITERS INSURANCE COMPANY | 30104 |
| 77 | HCSC INSURANCE SERVICES COMPANY | 78611 |
| 78 | HEALTH NET LIFE INSURANCE COMPANY | 66141 |
| 79 | HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC. | 12902 |
| 80 | HERITAGE LIFE INSURANCE COMPANY | 64394 |
| 81 | HISCOX INSURANCE COMPANY INC. | 10200 |
| 82 | HORACE MANN INSURANCE COMPANY | 22578 |
| 83 | HUDSON INSURANCE COMPANY | 25054 |
| 84 | IMPERIUM INSURANCE COMPANY | 35408 |
| 85 | INDIVIDUAL ASSURANCE CO., LIFE, HEALTH & ACCIDENT | 81779 |
| 86 | INSURANCE COMPANY OF THE WEST | 27847 |
| 87 | IRONSHORE INDEMNITY INC. | 23647 |
| 88 | LISSO HEALTHCARE INSURANCE COMPANY | 76503 |
| 89 | LEON HEALTH, INC. | 16757 |
| 90 | LM INSURANCE CORPORATION | 33600 |
| 91 | MARKEL AMERICAN INSURANCE COMPANY | 28932 |
| 92 | MEDCO CONTAINMENT LIFE INSURANCE COMPANY | 63762 |
| 93 | MUNICH RE US LIFE CORPORATION | 69604 |
| 94 | NASSAU LIFE INSURANCE COMPANY OF TEXAS | 62359 |
| 95 | NATIONAL FIRE INSURANCE COMPANY OF HARTFORD | 20478 |
| 96 | NATIONAL INDEMNITY COMPANY | 20087 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

***NAIC
Company
Code***

| | | |
|-----|---|-------|
| 97 | NATIONAL SPECIALTY INSURANCE COMPANY | 22608 |
| 98 | NATIONAL SURETY CORPORATION | 21881 |
| 99 | NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA | 26093 |
| 100 | NAVIGATORS INSURANCE COMPANY | 42307 |
| 101 | NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST | 69698 |
| 102 | NEW HAMPSHIRE INSURANCE COMPANY | 23841 |
| 103 | OHIO CASUALTY INSURANCE COMPANY | 24074 |
| 104 | OSCAR MANAGED CARE OF SOUTH FLORIDA, INC. | 16854 |
| 105 | PAN-AMERICAN ASSURANCE COMPANY INTERNATIONAL, INC. | 13602 |
| 106 | PARTNERRE LIFE REINSURANCE COMPANY OF AMERICA | 74900 |
| 107 | PENNSYLVANIA MANUFACTURERS' ASSOCIATION INS. CO. | 12262 |
| 108 | PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE CO | 14990 |
| 109 | PINNACLE NATIONAL INSURANCE COMPANY | 21296 |
| 110 | PROMINENCE HEALTHFIRST OF FLORIDA, INC. | 16734 |
| 111 | PROTECTIVE INSURANCE COMPANY | 12416 |
| 112 | QBE REINSURANCE CORPORATION | 10219 |
| 113 | R.V.I. AMERICA INSURANCE COMPANY | 23132 |
| 114 | REGENT INSURANCE COMPANY | 24449 |
| 115 | RESOURCE LIFE INSURANCE COMPANY | 61506 |
| 116 | RGA REINSURANCE COMPANY | 93572 |
| 117 | RIVERPORT INSURANCE COMPANY | 36684 |
| 118 | RLI INSURANCE COMPANY | 13056 |
| 119 | SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY | 64688 |
| 120 | SENTRY CASUALTY COMPANY | 28460 |
| 121 | SENTRY SELECT INSURANCE COMPANY | 21180 |
| 122 | SILVERSCRIPT INSURANCE COMPANY | 12575 |
| 123 | SOUTHERN LIFE AND HEALTH INSURANCE COMPANY | 88323 |
| 124 | SPARTA INSURANCE COMPANY | 20613 |
| 125 | STAR INSURANCE COMPANY | 18023 |
| 126 | SWISS RE LIFE & HEALTH AMERICA INC. | 82627 |
| 127 | THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CONNECTICUT | 19062 |
| 128 | THE CINCINNATI INDEMNITY COMPANY | 23280 |
| 129 | THE CINCINNATI INSURANCE COMPANY | 10677 |
| 130 | THE TRAVELERS CASUALTY COMPANY | 41769 |
| 131 | TIER ONE INSURANCE COMPANY | 92908 |
| 132 | TRANSAMERICA PREMIER LIFE INSURANCE COMPANY | 66281 |
| 133 | TRANSPORTATION INSURANCE COMPANY | 20494 |
| 134 | TRANSVERSE INSURANCE COMPANY | 21075 |
| 135 | TRAVELERS CASUALTY AND SURETY COMPANY | 19038 |
| 136 | TRAVELERS CASUALTY COMPANY OF CONNECTICUT | 36170 |
| 137 | TRAVELERS COMMERCIAL CASUALTY COMPANY | 40282 |
| 138 | TRAVELERS COMMERCIAL INSURANCE COMPANY | 36137 |
| 139 | TUFTS INSURANCE COMPANY | 60117 |
| 140 | U.S. FINANCIAL LIFE INSURANCE COMPANY | 84530 |
| 141 | UBS LIFE INSURANCE COMPANY USA | 67423 |
| 142 | UNITEDHEALTHCARE INSURANCE COMPANY OF AMERICA | 84549 |
| 143 | VALLEY FORGE INSURANCE COMPANY | 20508 |
| 144 | VIRGINIA SURETY COMPANY, INC. | 40827 |

***CY 2020 Accident and Health Report of Gross Annual Premium and Enrollment
Carriers Reporting No Activity***

145 WILCO LIFE INSURANCE COMPANY
146 ZENITH INSURANCE COMPANY

***NAIC
Company
Code
65900
13269***

Florida Office of Insurance Regulation

Calendar Year Life & Health Gross Annual Premiums and Enrollment (GAP) Filing Requirements

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes
If you have any questions during your submission process, please contact

Market Research and Technology Unit

Via email: GapReporting@flor.com

The Florida Office of Insurance Regulation (Office) is conducting an examination of the Florida Life, Accident & Health market pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes. This communication is being sent to your company's last GAP filer and the company financial statement contact.

Compliance reports are to be submitted on an individual company basis. Group reports will not be accepted.

Additionally, the following item is required to be included in your company's submission:

- Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is true and correct. A downloadable "Word" version is available at <http://www.flor.com/siteDocuments/CertificationNotarizedAffidavitGAPDCAM.doc>

Please note: Additional underlying documentation shall be available upon request of the Office.

The Insurance Regulation Filing System (IRFS) application located at <https://irfs.fldfs.com/> is required to be used to submit your data. A guide to creating a filing in IRFS is located [here](#).

The required data reporting template may be downloaded from within IRFS beginning January 1.

Changes since CY2016 template:

- Tabs *GAP_1386* and *GAP_Supplemental* have been removed.
- Added tab *Life Annuity* that collects information on life insurance and annuity business for the calendar year (see detailed instructions). If the company does not have Life & Annuity business, please enter zeroes.
 - Added Line 115 Total Commissions Paid, not including any bonuses, paid on newly issued policies of a particular product type.
- Tab *GAP_1094*:
 - Combined In-State and Out-of-State for Grandfathered and Transitional Major Medical segments.
 - Combined lines 17-19 (Accident Only, Accidental Death & Dismemberment, and Blanket Accident/Sickness) from the previous year's template into one Line 9 under Other Accident & Health Coverages.
 - Line 23 from last year's template (Hospital Indemnity) has been merged into the Limited Benefit segment on Line 15 under Other Accident & Health Coverages.
 - Line 23 now includes as Other: Prepaid Health Services not listed above (including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, and Student coverages
 - Line 24 now includes HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business. **Do Not Include:** credit (group and individual), or credit A&H (group and individual)

Required Filers and General Reporting Definitions

Section 624.316, F.S., authorizes the Office of Insurance Regulation (the "Office") to examine all insurers regarding "affairs, transactions, accounts, records, and assets." Section 627.9175, F.S., reads, in part, "Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state."

The required filers include the following Florida Certification of Authority Categories:

- (1) FRATERNAL BENEFIT SOCIETY
- (2) PROPERTY AND CASUALTY INSURER
- (3) HEALTH MAINTENANCE ORGANIZATION (HMO)
- (4) PRE-PAID LIMITED HEALTH SERVICE ORGANIZATION
- (5) LIFE AND HEALTH INSURER

having one or more of the following Florida Lines of Business active during the calendar reporting year:

- a. FRATERNAL HEALTH
- b. ACCIDENT AND HEALTH
- c. DENTAL SERVICE PLAN CORPORATION (PREPAID DENTAL)
- d. AMBULANCE SERVICE
- e. OPTOMETRIC SERVICES
- f. PHARMACEUTICAL SERVICES
- g. HEALTH MAINTENANCE ORGANIZATIONS
- h. PREPAID LIMITED HEALTH SERVICE ORGANIZATION
- i. MENTAL HEALTH SERVICES
- j. SUBSTANCE ABUSE SERVICES
- k. CHIROPRACTIC SERVICES
- l. PODIATRIC CARE SERVICES
- m. MISC. – PLHSO
- n. LIFE
- o. VARIABLE ANNUITIES
- p. GROUP LIFE AND ANNUITIES
- q. VARIABLE LIFE
- r. FRATERNAL LIFE

The electronic filing via the Industry Portal (<https://irfs.fldfs.com/>) of this information is required pursuant to Section 627.316, F.S., and Rules 690-137.004 and 690-154.112(3), Florida Administrative Code.

Specific instructions on the use of the Industry Portal's Data Reporting module are available upon request from

GAPReporting@flor.com

"**NO DATA FILING**" is to be used if the reporting entity had

- **no direct Florida health premiums (written or earned) during the calendar reporting year**
- AND**
- **no direct Florida health losses incurred during the calendar reporting year**
- AND**

- **no** enrolled Florida resident groups or primary insureds as of December 31st of the calendar reporting year.

AND

- **no** life insurance policies or annuity contracts in force in the State of Florida as of December 31st of the calendar reporting year.

“DATA FILING” is to be used by all other reporting entities. The data template contained in this category includes

(1) *Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents, OIR-B2-1094*

(2) *Report of Life Insurance and Annuity business in the State of Florida under the Life Annuity tab*

IF YOU HAVE ADDITIONAL QUESTIONS CONTACT THE MARKET DATA COLLECTION SECTION AT 850-413-3147 OR EMAIL TO:

GAPReporting@flor.com

Row Definitions: GAP_1094

| TYPE OF INSURANCE DESCRIPTION | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05) |
|--|---|
| <p>Major Medical - A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. In Florida this means insurance that is designed to cover expenses of serious illness, chronic care (excluding long-term care) and/or hospitalization. The term does NOT include accident-only, specified disease, individual hospital indemnity, credit, dental-only, vision-only, prepaid products, Medicare supplement, long-term care, or disability income insurance; similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which do not duplicate coverage under an underlying health plan and are specifically designed to fill gaps in the underlying health plan, coinsurance, or deductibles; coverage issued as a supplement to liability insurance; workers' compensation or similar insurance; or automobile medical-payment insurance.</p> | <p>H16G H16I H15G H15I</p> |
| <p>Hospital/Surgical/Medical Expense - An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.</p> <p>These definitions include the following subcategories:</p> <ul style="list-style-type: none"> • <i>Guarantee Issue (HIPAA, FS 627.6487(3))</i> • <i>Individually Underwritten</i> • <i>Self-Employed or Sole Proprietor (FS 627.6699)</i> • <i>2 - 50 Member Groups (FS 627.6699)</i> • <i>51 - 100 Member Groups (FS 627.6699)</i> • <i>101+ Member Groups (FS 627.652)</i> <p>The coverages themselves are collected under four categories containing the following:</p> <ul style="list-style-type: none"> • <i>ACA Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups -- On Exchange Only</i> • <i>ACA Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups -- Off Exchange</i> • <i>Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups</i> • <i>Transitional Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to In-State Groups</i> • <i>Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.</i> • <i>Transitional Major Medical and/or Hospital/Surgical/Medical Expense Coverages Issued to Out-of-State Groups as defined in Section 627.6515, F.S.</i> | |
| <p>Conversion - Guarantees an insured whose coverage is ending for specified reasons a right to purchase a policy without presenting evidence of insurability.</p> | <p>H06</p> |
| <p>Other Prepaid Health Services not listed below: Pursuant to Section 636.003(5), F.S., "limited health service" also includes ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services. "limited health service" does not include inpatient, hospital surgical services, or emergency services except as such services are provided incident to the limited health services.</p> | |
| <p>Administrative Services Only (ASO) - ASO describes the contractual arrangement utilized by a self-funded employer, whereby a separate company processes claims and other administrative needs pertinent to the employer's health care plans. (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only" and "Covered Lives")</p> | |
| <p>Accident Only - An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident.</p> | <p>H02G H02I</p> |
| <p>Accidental Death & Dismemberment - An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.</p> | <p>H03G H03I</p> |
| <p>Blanket Accident/Sickness -- A health insurance contract that covers all of a class of persons not individually Identified in the contract.</p> | <p>H04</p> |
| <p>Dental - Insurance that provides benefits for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and diseases of the teeth and jaw.</p> | <p>H10G H10I</p> |

| TYPE OF INSURANCE DESCRIPTION | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05) |
|---|--|
| Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) - A policy designed to compensate insureds for a portion of the income they lose because of a disabling injury or illness. | H11G H11I |
| Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) - This type of insurance may be extended to either a health plan or a self-insured employer plan. Its purpose is to insure against the risk that any one claim will exceed a specific dollar amount or that an entire plan's losses will exceed a specific amount. As defined in Section 627.6482 (14), F.S., "Stop-loss coverage" means an arrangement whereby an insurer insures against the risk that any one claim will exceed a specific dollar amount or that an entire self-insurance plan's losses will exceed a specific amount. | H12 |
| Hospital Indemnity - An insurance contract that pays a fixed dollar amount without regard to the actual expense incurred for each day the covered person is confined to the hospital as a result of injury, sickness, and/or medical condition. | H14G H14I |
| Limited Benefit (includes Specified Disease; Critical Illness; Dread Disease; Dread Disease – Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant)- (a) Pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Benefits can be paid as expense incurred, per diem, or a principle sum. (b) Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day. (c) Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day. | H07G H07I H08G H08I H09G H09I |
| Long Term Care-Comprehensive -- Coverage that provides both facility (nursing home) and non-facility (home health care) benefits. This includes products that offer one type of benefit through a base form and the second type through a rider. All extension of benefit riders providing comprehensive coverage are included. | LTC05G LTC05I |
| Long Term Care-Facility Only -- Coverage that provides only facility (nursing home) benefits. All extension of benefit riders providing facility only coverage are included. | LTC04G LTC04I |
| Long Term Care-Non-Facility Only -- Coverage that provides only non-facility (home health care) benefits. All extension of benefit riders providing non-facility only coverage are included. | LTC02G LTC02I |
| Long Term Care-Accelerated Benefit Rider -- Coverage that provides any type of long term care benefit paid from either a life or annuity product. | FLLTC06 |
| Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) - Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year. | H13G H13I |
| Medicare Supplement - Insurance coverage sold on a individual or group basis to help fill the "gaps" in the protections granted by the federal Medicare program. This is strictly supplemental coverage and cannot duplicate any benefits provided by Medicare. It is structured to pay part or all of Medicare's deductibles and co-payments. It may also cover some services and expenses not covered by Medicare. Also known as "Medigap" insurance. | MS02G MS02I MS03G MS03I MS04G MS04I MS05G MS05I MS06 |

| TYPE OF INSURANCE DESCRIPTION | TOI or Sub-TOI Code per NAIC Uniform Coding Matrix (Revised 1/1/05) |
|---|---|
| <p>Medicare Advantage (Medicare+Choice) - Also known as Medicare Part C, includes the private health plans through which beneficiaries have chosen to receive all of their Medicare benefits. It includes:</p> <p>(i) Coordinated care plans such as Health Maintenance Organizations (HMOs), provider-sponsored organizations (PSOs), regional or local preferred provider organizations (PPOs), and other network plans (other than private fee-for-service plans) [42 C.F.R.§422.4(a)(1)(iii).]</p> <p>(ii) Private Fee for Service Plans [42 C.F.R. §422.4(a)(3).] and</p> <p>(iii) Medical savings accounts which are comprised of an MA medical savings account plan that pays for a basic set of health benefits approved by CMS and an MSA trust or custodial account into which CMS will make deposits. [42 C.F.R. §422.4(a)(2).]</p> | N/A |
| <p>Champus/Tricare Supplement - Civilian Health and Medical Program of the Uniformed Services (Champus). A private health plan that provides beneficiaries eligible for Champus with supplemental health care coverage.</p> | H05 |
| <p>Prescription Drug - Prescription drug plan that covers the cost of drugs (except those dispensed in a hospital or in an extended care facility) that are required by either state or federal law to be dispensed by prescription. Drugs for which prescriptions are not required by law may be covered.</p> | H17G H17I |
| <p>Sickness - Limited benefit expense policies. Provides benefits for sickness only. Benefits not to exceed a stated dollar amount per day.</p> | H18G H18I |
| <p>Student - A health insurance contract that covers a class of students not individually identified in the contract.</p> | H04.001 |
| <p>Travel - Limited benefit expense policies. Provides benefits for loss incurred while traveling generally outside a 100-mile radius of the US borders. *May extend to domestic as well as foreign travel. May provide both sickness and injury benefits. May include loss of baggage benefits. May include air transportation services for emergencies. Benefits not to exceed a stated dollar amount per day, per month or trip duration. (*Subject to applicable state limitations.)</p> | H19G H19I |
| <p>Vision - Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally, provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.</p> | H20G H20I |
| <p>Other - includes Prepaid Health Services not listed above (including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, Student coverages</p> | H21 Other |
| <p>Misc. - include the following: HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business Do Not Include: credit (group and individual), or credit A&H (group and individual)</p> | |
| <p>Accident and Health Insurance Premiums and Losses - The Total Direct Premiums Earned and the Total Direct Losses Incurred from the company's Annual Statement are entered and compared to the premium and loss sums from lines 1 through 24. These amounts should equal or an explanatory letter will be required.</p> | |

Please note that as defined in Section 627.6482(12), premium means the entire cost of an insurance plan, including the administrative fee, the risk assumption charge, and, in the instance of a minimum premium plan or stop-loss coverage, the incurred claims whether or not such claims are paid directly by the insurer.

Beginning January 1, 2013, the Office no longer requires that Discount Medical Plan Organization premium, loss, or enrollment information be reported on the 1094 template.

For each of the health coverage types listed above, the following information is required:

Column Definitions:

| | |
|--|---|
| <p>TOTAL DIRECT PREMIUMS EARNED</p> | <p>Requested data is your company's direct premium earned from January 01 through December 31, inclusive, for the calendar reporting year. Provide only earned premium specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p> |
| <p>DIRECT LOSSES INCURRED</p> | <p>Requested data is your company's direct losses incurred from January 01 through December 31, inclusive, for the calendar reporting year. Provide only losses specific to covered Florida residents.</p> <p>This cell should contain a whole number or zero.</p> |
| <p>RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED</p> | <p>This is an auto-calculation field. It divides [DIRECT LOSSES INCURRED] by [TOTAL DIRECT PREMIUMS EARNED].</p> |
| <p>WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD?</p> | <p>This cell is used to indicate whether or not your company sold any policies of the associated coverage in each row during the calendar reporting year.</p> <p>A policy is considered to be sold if it meets the definition of an insurance transaction per Section 624.10, F.S.</p> <p>Responding "YES" means sales did occur during the calendar reporting year.</p> <p>Responding "NO" means sales did not occur during the calendar reporting year.</p> |
| <p>DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY</p> | <p>Requested data is your company's direct premium earned for new business only from January 01 through December 31, inclusive, for the calendar reporting year. Provide earned premium specific to covered Florida residents.</p> <p>The data contained in this cell should be included in the total reported for "TOTAL DIRECT PREMIUMS EARNED."</p> <p>This cell should contain a whole number or zero.</p> <p>If the coverage associated with this cell was sold during the calendar reporting year, this cell should be entered as a whole number or zero. Otherwise, please enter zero.</p> |
| <p>PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS</p> | <p>This is an auto-calculation field. It divides [DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY] by [TOTAL DIRECT PREMIUMS EARNED] then multiplies the result by 100 to convert it to a percentage.</p> |
| <p>EMPLOYEES/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY</p> | <p>For all group categories, provide the number of employers who covered Florida resident employees, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p> |
| <p>PRIMARY ENROLLEES AT END OF REPORTING CY</p> | <p>Provide the total number of resident individual policyholders or resident group employee/member certificate holders, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p> |

| | |
|---|--|
| <p>COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY</p> | <p>Provide the total number of individuals who are covered by the primary insured's plan (excluding the primary insured but including additional joint primary insureds) and who receive coverage due to his/her dependent relationship to the primary insured, as of December 31 for the calendar reporting year.</p> <p>This cell should contain a positive, whole number or zero.</p> |
| <p>COVERED LIVES AT END OF REPORTING CY</p> | <p>This is an auto-calculation field. It adds [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY]</p> |
| <p>AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS</p> | <p>Provide a simple average ([the total number of days from the date of receipt to the date of payment for each claim received] divided by [the total of number of claims received]). The data provided should be specific to covered Florida residents and only include all paid, denied, or contested claims with original paid dates in the year being reported.</p> <p>Where claim is defined by Section 627.6131(2) and 641.3155(1), F.S. Where date of receipt is defined by Section 627.6131(3)(a) and 641.3155(2)(a), F.S. Where date of payment is defined by Section 627.6131(7) and 641.3155(6), F.S.</p> <p>This cell should contain a positive, whole number or zero.</p> |

Column Definitions: Life_Annuity

| TYPE OF INSURANCE DESCRIPTION |
|---|
| Annual Renewable Term - Insurance coverage for one year that can continue at the option of the policy owner at the start of each future anniversary for one additional year until a final expiry age or date as long as premiums defined contractually are paid when due or within a grace period. |
| Level Premium Term - insurance for coverage periods of more than one year such as ten, fifteen, twenty, or thirty years where premiums during the coverage period remain the same on each premium due date. |
| Credit Decreasing Term - credit life insurance (as defined in 627.677, means insurance on the life of a debtor pursuant to or in connection with a specific loan or other credit transaction.) where coverage decreases from an initial amount, such as the amount at which purchase of an automobile was financed, at either constant amounts each period (usually monthly) or according to a formula such as an amortization schedule. |
| Group Term - term insurance sold to a group that provides coverage to members of the group and often includes optional dependent coverage with amounts specified in certificates issued to each covered member. |
| Fixed UL - universal life insurance with fixed premiums. |
| Indexed UL - universal life insurance where interest credited to the fund balance is based upon the increase in an external index such as the Standard and Poors 500. |
| Variable UL - a variable contract form of universal life insurance, as defined in 627.8015, where increases or decreases to the fund balance (and under a common option, if elected, the death benefit) are based on the performance of assets held in a separate account. |
| Whole Life - a contract where coverage continues for the life of the insured as long as premiums are paid when due. |
| Variable Life - a variable contract form of whole life insurance, as defined in 627.8015, where increases or decreases to contract values are based on the performance of assets held in a separate account. |
| Industrial Policies - as defined in 627.502, that form of life insurance written under policies under which premiums are payable monthly or more often, bearing the words "industrial policy" or "weekly premium policy" or words of similar import imprinted upon the policies as part of the descriptive matter, and issued by an insurer which, as to such industrial life insurance, is operating under a system of collecting a debit by its agent. |
| Fixed Deferred Non-Qualified Annuity - a fixed deferred annuity not used to fund a tax-advantaged retirement plan or IRA. |
| Fixed Deferred Qualified Annuity - a fixed deferred annuity used to fund a tax-advantaged retirement plan or IRA. |
| Fixed Immediate Annuity - a fixed annuity that pays a guaranteed income that starts almost immediately. |
| Variable Deferred Non-Qualified Annuity - a variable contract form of Deferred Non-Qualified Annuity, as defined in 627.8015, where increases or decreases to fund values are based on the performance of assets held in a separate account. |
| Variable Deferred Qualified Annuity - a variable contract form of Deferred Qualified Annuity, as defined in 627.8015, where increases or decreases to fund values are based on the performance of assets held in a separate account. |
| Variable Immediate Annuity - a variable contract form of Immediate Annuity, as defined in 627.8015, where increases or decreases to periodic payments to an annuitant are based on the performance of assets held in a separate account. |

For each of the life and annuity coverage types listed above, the following information is required:

Row Definitions:

| | |
|---|--|
| NAIC Line Numbers 1-15 and 20-23 | Definitions for these rows can be found in the NAIC instructions for the exhibits Life Insurance Part 1 and Life Insurance Part 2. |
| New Issue Single Premium (Amount) | Face amount of New Issue Single Premium Life Insurance collected during the year. |
| New Issue Single Premium (Number of Policies) | Number of single premium Life Insurance Policies issued during the year. |
| New Issue Resulting from Replacements (Amount) | Face amount of New Issue Life Insurance issued during the year where a previous in force policy was cancelled and replaced by a new one. |
| New Issue Resulting from Replacements (Number of Policies) | Number of policies issued during the year which replaced a previous in force policy which was cancelled. |
| New Issue Resulting from Conversions (Amount) | Face amount of policies issued during the year where coverage (group or individual) was replaced by a conversion policy. Two common examples are coverage under a group term Certificate converted to an individual policy and individual term insurance converted to whole life. |
| New Issue Resulting from Conversions (Number of Policies) | Number of policies issued during the year where coverage (group or individual) was replaced by a conversion policy. |
| Lapses During the Year (Amount) | Face amount of policies cancelled from in force insurance for non payment of a required premium following the grace period permitted for late payment. |
| Lapses During the Year (Number of Policies) | Number of policies cancelled from in force insurance for non payment of a required premium following the grace period permitted for late payment. |
| Expired During the Year (Amount) | Face amount of policies cancelled from in force insurance due to reaching the end of the period of coverage. |
| Expired During the Year (Number of Policies) | Number of policies cancelled from in force insurance due to reaching the end of the period of coverage. |
| Surrenders Paid During the Year (Amount) | Benefits paid on policies terminated from in force insurance at the request of the policy owner. |
| Surrenders Paid During the Year (Number of Policies) | Number of policies where benefits were paid on policies terminated from in force insurance at the request of the policy owner. |
| Number of Policies where Insurance was Increased During the Year | Number of policies where the amount of insurance was increased at the request of the policy owner. |
| Number of Policies where Insurance was Decreased During the Year | Number of policies where the amount of insurance was decreased at the request of the policy owner. |
| Total Covered Lives (including riders) | Total number of persons covered under base policy coverage and those whose coverage is provided by policy riders |
| Line 115 Total Commissions Paid not including Bonus (Amount) | Total commissions, not including any bonuses, paid on newly issued policies of a particular product type. Newly issued policies are policies that are in the first policy year at any point in the report year. Any commissions paid toward the first policy year of premium should be reflected in this line. (Ex: A policy with a \$1,200 annual premium is issued on May 1, 2018, with first year commissions of 20%. For report year 2018, 20% of \$800, or \$160, should be reported in this field; for report year 2019, if still in-force, \$60 would be reported. If all first year commissions are paid upfront, \$240 would be reported in this line for report year 2018 in this scenario.) |

Data Submission Validation Process

Computerized Validations:

There are two stages of data validation performed on your data template before it can be received by the Office.

The first of these are built into the data template itself. As you navigate the template, you will be given various "Validation Assistance" alerts. For example, if a type of coverage is defined as GROUP coverage, you will receive an alert as you begin to enter data in the [EMPLOYERS/GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY] cell that reads: "If the number of Employers/Groups reported is zero, then the number of Primary Enrollees and the number of Covered Enrollee Dependents must also be zero." If you enter zero in the cell, the data template will not allow you to enter anything but zero in the [PRIMARY ENROLLEES AT END OF REPORTING CY] and [COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY] cells.

The second stage of computerized validations is performed at the time you submit your data template. These validations are performed "behind the scenes" by the Office's computer system. These checks notify you by email if you have missed a required cell or made a similar type of data entry error on the data template. At the time your email notification is sent, your data template is returned to your Industry Portal workbench area so that corrections can be made. If you feel you need assistance with the corrections, please contact the Office via email at:

GAPReporting@floir.com

Reviewer Validations:

Once your data submission reaches the Office, a staff member rechecks your data for reasonability. This can include comparing your submitted data to other sources and previous data submission received from your company.

If the reviewer has a question or needs clarification, he/she will contact you by email or phone. This clarification letter will reference the "file log number" assigned to your data submission by the Office. This tracking number will be used on all communication from the Office about your data.

Once the reviewer is satisfied with your data submission, you will receive a final disposition letter by email which closes your data submission filing. Final disposition you will see in these letters include:

- 1. FILING NOT REQUIRED:** This means your company is not required to report this data. No further action will be needed on your part.
- 2. SUBMISSION ERROR:** This means your submission does not meet the filings standards for this specific reporting requirement. Depending on the type of error your submission contained, you may or may not need to resubmit your data under another Office tracking number.
- 3. EXEMPT:** This final disposition means your submission of "NO DATA" meets the reporting requirement for this reporting period. No further action will be needed on your part for the reporting period covered by your data submission. Please note: Receiving an exemption letter does not preclude the necessity of filing additional data or no data filings in the future. In most cases, your company will need to continue to file each reporting period.
- 4. WITHDRAWN:** This means your company requested your submission under the assigned file log number be closed by the Office. In most cases, this is done so that you can "start from scratch" and re-file your data under a new file log number.
- 5. ACCEPTED:** A final disposition letter of acceptance means that the reviewer has completed his/her reasonability checks and feels your data submission is valid. No further action is required at this time.
- 6. REFERRED:** This type of letter means that based on the data submitted and any additional information provided, your data submission will be referred to the Office's Market Investigation Unit for additional follow up.

CY2017 Life & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes

Scope Period: January 1, 2017 through December 31, 2017

If you need any assistance during the filing process,
please contact the Office at:

GAPReporting@florir.com



FLORIDA OFFICE OF
INSURANCE REGULATION

Reports are due no later than Monday, April 2, 2018 at 11:59pm

2017 Life & Health Gross Annual Premiums and Enrollment (GAP)

Pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes

Scope Period January 1, 2017 through December 31, 2017

The Florida Office of Insurance Regulation (Office) is conducting an examination of the Florida Life, Accident & Health market pursuant to Sections 624.316, 624.3161, & 627.9175, Florida Statutes. This communication is being sent to your company's last GAP filer and the company financial statement contact.

Compliance reports are to be submitted on an individual company basis. Group reports will not be accepted.

The items indicated below are to be submitted to the Office no later than 11:59 PM ET, April 2, 2018.

Additionally, the following item is required to be included in your company's submission:

• Your company's submission must contain a Notarized Affidavit, signed by a company officer, stating the information provided is true and correct.

Please note: Additional underlying documentation shall be available upon request of the Office.

The Insurance Regulation Filing System (IRFS) application located at <https://irfs.fldfs.com/> is required to be used to submit your data.

The required data reporting template may be downloaded from within IRFS beginning, January 1, 2018.

Required Filers and General Reporting Definitions

Section 624.316, F.S., authorizes the Office of Insurance Regulation (the "Office") to examine all insurers regarding "affairs, transactions, accounts, records, and assets." Section 627.9175, F.S., reads, in part, "Each health insurer, prepaid limited health services organization, and health maintenance organization shall submit, no later than April 1 of each year, to the office information concerning health and accident insurance coverage and medical plans being marketed and currently in force in this state."

The required filers include the following Florida Certification of Authority Categories:

- (1) FRATERNAL BENEFIT SOCIETY
- (2) PROPERTY AND CASUALTY INSURER
- (3) HEALTH MAINTENANCE ORGANIZATION (HMO)
- (4) PRE-PAID LIMITED HEALTH SERVICE ORGANIZATION
- (5) LIFE AND HEALTH INSURER

having one or more of the following Florida Lines of Business active during the calendar reporting year:

- a. FRATERNAL HEALTH
- b. ACCIDENT AND HEALTH
- c. DENTAL SERVICE PLAN CORPORATION (PREPAID DENTAL)
- d. AMBULANCE SERVICE
- e. OPTOMETRIC SERVICES
- f. PHARMACEUTICAL SERVICES
- g. HEALTH MAINTENANCE ORGANIZATIONS
- h. PREPAID LIMITED HEALTH SERVICE ORGANIZATION
- i. MENTAL HEALTH SERVICES
- j. SUBSTANCE ABUSE SERVICES
- k. CHIROPRACTIC SERVICES
- l. PODIATRIC CARE SERVICES
- m. MISC. - PLHSO
- n. LIFE
- o. VARIABLE ANNUITIES
- p. GROUP LIFE AND ANNUITIES
- q. VARIABLE LIFE
- r. FRATERNAL LIFE

The electronic filing via the Industry Portal of this information is required pursuant to Section 627.316, F.S., and Rules 690-137.004 and 690-154.112(3), Florida Administrative Code.

GAPReporting@flor.com

"NO DATA FILING" is to be used if the reporting entity had

- **no direct Florida health premiums (written or earned) during the calendar reporting year**
AND
- **no direct Florida health losses incurred during the calendar reporting year**
AND
- **no enrolled Florida resident groups or primary insureds as of December 31st of the calendar reporting year.**
AND
- **no life insurance policies or annuity contracts in force in the State of Florida as of December 31st of the calendar reporting year.**

"DATA FILING" is to be used by all other reporting entities. The data template contained in this category includes:

- (1) *Report of Gross Annual Premiums and Enrollment Data for Health Benefit Plans Issued to Florida Residents, OIR-B2-1094*
- (2) *Report of Life Insurance and Annuity business in the State of Florida under the Life Annuity tab*

IF YOU HAVE ADDITIONAL QUESTIONS CONTACT THE MARKET DATA COLLECTION SECTION AT 850-413-3147 OR EMAIL TO:

GAPReporting@flor.com

| Section A: Contact Information Please provide company and individual contact information on this worksheet | | VALIDATION CHECKS |
|--|---------------|-------------------------------|
| | | Required Data Field Complete? |
| Reporting Period - Year | CY2017 | TRUE |
| Please provide the name of the individual responsible for the coordination and submission of the requested Premium and Enrollment information. | | FALSE |
| What is her or his email address? | | FALSE |
| What is the best number where she or he can be reached? | | FALSE |
| What is the Company's name? | | FALSE |
| What is the Company's NAIC Code? (Enter five zeroes if none) | | FALSE |
| What is the Florida Company Code? | | FALSE |
| What is the Company's FEIN? | | FALSE |
| What is the State of domicile? | | FALSE |
| Consumer Information Website | | FALSE |

| Section B: To be completed by all carriers | | TOTAL DIRECT PREMIUMS EARNED | DIRECT LOSSES INCURRED | RATIO OF DIRECT LOSSES INCURRED TO DIRECT PREMIUMS EARNED (AUTO-CALCULATION) | WAS THIS COVERAGE ACTIVELY TRANSACTED DURING THE REPORTING PERIOD? | DIRECT PREMIUMS EARNED FOR NEW BUSINESS ONLY | PERCENTAGE OF NEW BUSINESS PREMIUMS TO TOTAL PREMIUMS (AUTO-CALCULATION) | EMPLOYERS/ GROUPS, IF GROUP COVERAGE, AT END OF REPORTING CY | PRIMARY ENROLLEES AT END OF REPORTING CY | COVERED ENROLLEE DEPENDENTS AND JOINT PRIMARY INSUREDS AT END OF REPORTING CY | COVERED LIVES AT END OF REPORTING CY (AUTO-CALCULATION) | AVERAGE NUMBER OF DAYS TAKEN TO PAY CLAIMS | VALIDATION CHECKS |
|---|--|------------------------------|------------------------|--|--|--|--|--|--|---|---|--|-------------------|
| ACA Major Medical and/or Hospital/Surgical/Medical Expense -- On Exchange Only | | | | | | | | | | | | | |
| 1.A | Guarantee Issue (HIPAA, FS 627.6487(3)) | | | | | | | | | | 0 | | FALSE |
| 3.A | Self-Employed or Sole Proprietor (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 4.A | 2 - 50 Member Groups (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 5.A | 51-100 Member Groups | | | | | | | | | | 0 | | FALSE |
| 6.A | 101+ Member Groups (FS 627.652) | | | | | | | | | | 0 | | FALSE |
| 7.A | Conversion | | | | | | | | | | 0 | | FALSE |
| ACA Major Medical and/or Hospital/Surgical/Medical Expense -- Off Exchange | | | | | | | | | | | | | |
| 1.B | Guarantee Issue (HIPAA, FS 627.6487(3)) | | | | | | | | | | 0 | | FALSE |
| 3.B | Self-Employed or Sole Proprietor (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 4.B | 2 - 50 Member Groups (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 5.B | 51-100 Member Groups | | | | | | | | | | 0 | | FALSE |
| 6.B | 101+ Member Groups (FS 627.652) | | | | | | | | | | 0 | | FALSE |
| 7.B | Conversion | | | | | | | | | | 0 | | FALSE |
| Grandfathered Major Medical and/or Hospital/Surgical/Medical Expense (In-State and Out-of-State) | | | | | | | | | | | | | |
| 1.G | Guarantee Issue (HIPAA, FS 627.6487(3)) | | | | | | | | | | 0 | | FALSE |
| 2.G | Individually Underwritten | | | | | | | | | | 0 | | FALSE |
| 3.G | Self-Employed or Sole Proprietor (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 4.G | 2 - 50 Member Groups (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 5.G | 51-100 Member Groups | | | | | | | | | | 0 | | FALSE |
| 6.G | 101+ Member Groups (FS 627.652) | | | | | | | | | | 0 | | FALSE |
| 7.G | Conversion | | | | | | | | | | 0 | | FALSE |
| Transitional Major Medical and/or Hospital/Surgical/Medical Expense (In-State and Out-of-State) | | | | | | | | | | | | | |
| 1.T | Guarantee Issue (HIPAA, FS 627.6487(3)) | | | | | | | | | | 0 | | FALSE |
| 2.T | Individually Underwritten | | | | | | | | | | 0 | | FALSE |
| 3.T | Self-Employed or Sole Proprietor (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 4.T | 2 - 50 Member Groups (FS 627.6699) | | | | | | | | | | 0 | | FALSE |
| 5.T | 51-100 Member Groups | | | | | | | | | | 0 | | FALSE |
| 6.T | 101+ Member Groups (FS 627.652) | | | | | | | | | | 0 | | FALSE |
| 7.T | Conversion | | | | | | | | | | 0 | | FALSE |
| Total Major Medical | | \$0 | \$0 | | | \$0 | | 0 | 0 | 0 | 0 | 0 | |
| OTHER ACCIDENT and HEALTH COVERAGES | | | | | | | | | | | | | |
| 8 | Administrative Services Only (ASO) (Please report fees in "Total Direct Premiums Earned" and "Direct Premiums Earned for New Business Only"; report lives in categories shown) | | | | | | | | | | 0 | | FALSE |

| | | | | | | | | | | | | |
|--|--|-----|--------------------|--|--|--------------------|---|---|---|---|--|-------|
| 9 | Accident, Accidental Death & Dismemberment, Blanket Accident/Sickness, and Sickness. | | | | | | | | | 0 | | FALSE |
| 10 | Dental | | | | | | | | | 0 | | FALSE |
| 11 | Prescription Drug | | | | | | | | | 0 | | FALSE |
| 12 | Vision | | | | | | | | | 0 | | FALSE |
| 13 | Disability Income (includes Business Overhead Expense; Short Term; Long Term; and Combined Short Term and Long Term) | | | | | | | | | 0 | | FALSE |
| 14 | Excess/Stop Loss (includes Accident & Sickness; Managed Care; Provider; and Self-Funded Health Plan) | | | | | | | | | 0 | | FALSE |
| 15 | Limited Benefit (includes Hospital Indemnity, Specified Disease; Critical Illness; Dread Disease; Dread Disease - Cancer Only; HIV Indemnity; Intensive Care; and Organ & Tissue Transplant) | | | | | | | | | 0 | | FALSE |
| Long-Term Care | | | | | | | | | | | | |
| 16 | Long Term Care-Comprehensive (includes all forms that may be made comprehensive through rider selection and any extension of benefit riders providing comprehensive benefits) | | | | | | | | | 0 | | FALSE |
| 17 | Long Term Care-Facility Only (includes any extension of benefit riders providing facility only benefits) | | | | | | | | | 0 | | FALSE |
| 18 | Long Term Care-Non-Facility Only (includes any extension of benefit riders providing non-facility only benefits) | | | | | | | | | 0 | | FALSE |
| Total Long-Term Care (auto-calculation) | | \$0 | \$0 Not Applicable | | | \$0 Not Applicable | 0 | 0 | 0 | 0 | | TRUE |
| 19 | Long Term Care-Accelerated Benefit Rider (includes all those attached to life or annuity products) | | | | | | | | | 0 | | FALSE |
| 20 | Short Term Care (includes Home Health Care; Nursing Home; and Adult Day Care) | | | | | | | | | 0 | | FALSE |
| 21 | Medicare Supplement | | | | | | | | | 0 | | FALSE |
| 22 | Medicare Advantage (Medicare+Choice) | | | | | | | | | 0 | | FALSE |
| 23 | Other - Includes Prepaid Health Services not listed above (including ambulance services, mental health services, substance abuse services, chiropractic services, podiatric care services, and pharmaceutical services), Champus/Tricare Supplement, Travel, Student coverages | | | | | | | | | 0 | | FALSE |
| 24 | Misc. - On this line include the following: HCPP, Medicaid (All Titles), SCHIP, FEHBP, Florida Healthy Kids, Florida Health Flex Plans, self-insured business Do Not Include: credit (group and individual), or credit A&H (group and individual) | | | | | | | | | 0 | | FALSE |
| RECONCILIATION | | | | | | | | | | | | |
| 25 | Accident and Health Insurance Premiums and Losses, Including Policy Membership and Other Fees as reported to the Office in Annual Financial Statement | | | | | | | | | 0 | | FALSE |
| 26 | Auto Calculation of Total of lines 1-24 (if "Total Direct Premiums Earned" and/or "Direct Losses Incurred" are different from line 25, address this issue by uploading an explanatory letter addressed to the Office via the "Explanatory Information" function in "Filing Component List" section) | \$0 | \$0 Not Applicable | | | | 0 | 0 | 0 | 0 | | TRUE |

rev. 12/2016

| Life Insurance & Annuities | | Life Insurance | | | | | | | | | | Total (Auto-Calculated) | Annuities | | | | | | Total (Auto-Calculated) | Totals(Life and Annuity) (Auto-Calculated) | Validation Checks Required Data Fields Complete? | | |
|---|------------------|--|--------------------|------------------------|------------|----------------|------------|-------------|--------------------|---------------|---------------------|----------------------------|--------------------------------------|----------------------------------|-------------------------|---|-------------------------------------|----------------------------|----------------------------|---|---|---|-------|
| | | Term Life | | | | Universal Life | | | Whole Life & Other | | | | Fixed Annuities | | | Variable Annuities | | | | | | | |
| | | Annual Renewable Term | Level Premium Term | Credit/Decreasing Term | Group Term | Fixed UL | Indexed UL | Variable UL | Whole Life | Variable Life | Industrial Policies | | Fixed Deferred Non-Qualified Annuity | Fixed Deferred Qualified Annuity | Fixed Immediate Annuity | Variable Deferred Non-Qualified Annuity | Variable Deferred Qualified Annuity | Variable Immediate Annuity | | | | | |
| NAIC Line Number | Line Description | | | | | | | | | | | | | | | | | | | | | | |
| From Life Insurance Part 1: | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | Life Insurance | | | | | | | | | | | | | | | | | | | 0 | 0 | False |
| | 2 | Annuity considerations | | | | | | | | | | | | | | | | | | | 0 | 0 | False |
| | 3 | Deposit-type contract funds | | | | | | | | | | | | | | | | | | | 0 | 0 | False |
| | 4 | Other considerations | | | | | | | | | | | | | | | | | | | 0 | 0 | False |
| | 5 | Totals (direct premiums and annuity considerations) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | True |
| | 6.1 | Paid in cash or left on deposit (direct dividends to policyholders - Life Insurance) | | | | | | | | | | | | | | | | | | | | | False |
| | 6.2 | Applied to pay renewal premiums (direct dividends to policyholders - Life Insurance) | | | | | | | | | | | | | | | | | | | | | False |
| | 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period (direct dividends to policyholders) | | | | | | | | | | | | | | | | | | | | | False |
| | 6.4 | Other life insurance (direct dividends to policyholders) | | | | | | | | | | | | | | | | | | | | | False |
| | 6.5 | Totals (direct dividends to policyholders) | | | | | | | | | | | | | | | | | | | | | False |
| | 7.1 | Paid in cash or left on deposit (annuities) | | | | | | | | | | | | | | | | | | | | | False |
| | 7.2 | Applied to provide paid-up annuities (annuities) | | | | | | | | | | | | | | | | | | | | | False |
| | 7.3 | Other (annuities - direct dividends to policyholders) | | | | | | | | | | | | | | | | | | | | | False |
| | 7.4 | Totals (annuities - direct dividends to policyholders) | | | | | | | | | | | | | | | | | | | | | False |
| | 8 | Grand totals (direct dividends to policyholders) | | | | | | | | | | | | | | | | | | | | | False |
| | 9 | Death benefits (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| | 10 | Matured endowments (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| | 11 | Annuity benefits (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| | 12 | Surrender values and withdrawals for life contracts (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| | 13 | Aggregate write-ins for miscellaneous direct claims and benefits paid (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| | 14 | All other benefits, except accident and health (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| | 15 | Totals (direct claims and benefits paid) | | | | | | | | | | | | | | | | | | | | | False |
| From Life Insurance Part 2: (The following eight lines are broken down by (a) being the amount and (b) being the number of policies) | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 | In force December 31, prior year (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 20.1 | In force December 31, prior year (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 21 | Issued during year (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 21.1 | Issued during year (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 22 | Other changes to in-force (Net) (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 22.1 | Other changes to in-force (Net) (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 23 | In force December 31 of current year (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 23.1 | In force December 31 of current year (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| Line Numbers Below do not map to the NAIC Blanks | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | New Issue Single Premium (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 101 | New Issue Single Premium (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 102 | New Issue Resulting from Replacements (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 103 | New Issue Resulting from Replacements (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 104 | New Issue Resulting from Conversions (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 105 | New Issue Resulting from Conversions (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 106 | Lapses During the Year (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 107 | Lapses During the Year (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 108 | Expired During the Year (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 109 | Expired During the Year (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 110 | Surrenders Paid During the Year (Amount) | | | | | | | | | | | | | | | | | | | | | False |
| | 111 | Surrenders Paid During the Year (Number of Policies) | | | | | | | | | | | | | | | | | | | | | False |
| | 112 | Number of Policies where Insurance was Increased During the Year | | | | | | | | | | | | | | | | | | | | | False |
| | 113 | Number of Policies where Insurance was Decreased During the Year | | | | | | | | | | | | | | | | | | | | | False |
| | 114 | Total Covered Lives (including riders) | | | | | | | | | | | | | | | | | | | | | False |
| | 115 | Total Commissions Paid not including Bonus (Amount) | | | | | | | | | | | | | | | | | | | | | False |



Florida Office of Insurance Regulation

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Created by the Market Research and Technology Unit